

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:

ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR MAY, 1941

BOOK REVIEWS - - - - -	306
KEEPING THE WHEELS TURNING - - - - -	313
MISS MILLER COMES TO NATIONAL OFFICE - - - - -	314
HAVE 'PROGRESSIVE' METHODS A PLACE IN SCHOOLS OF NURSING? - R. Chitlick	315
NEUROSURGICAL NURSING CARE - - - - - E. H. Botterell	319
"MEAT FOR THE HUNGRY" - - - - - N. L. Burnette	324
THE TREATMENT OF JUVENILE DELINQUENCY - - - - - F. J. Curran	327
A NEW POST-GRADUATE COURSE - - - - - F. C. Munroe	331
KING AND COUNTRY - - - - -	332
NOTES FROM THE NATIONAL OFFICE - - - - -	333
PRINCE ALBERT THE PLACE OF MEETING - - - - -	335
PUBLIC HEALTH NURSING PAGE - - - - -	337
NURSING CARE FOR RACIAL GROUPS - - - - - M. Duffield	337
PUBLIC HEALTH NURSING IN A JAPANESE COMMUNITY IN BRITISH COLUMBIA - E. Williams	339
NURSING DIABETIC PATIENTS - - - - - L. A. Chase	343
STUDENT NURSES PAGE - - - - -	345
LEARNING ABOUT TUBERCULOSIS - - - - - M. Goldie, M. Wujek, M. Dunn	345
OBITUARIES - - - - -	346
NEWS NOTES - - - - -	349
OFF DUTY - - - - -	362

Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy.
Cheque and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.

The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

Editor and Business Manager:

ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

CONTENTS FOR MAY, 1941

BOOK REVIEWS - - - - -	306
KEEPING THE WHEELS TURNING - - - - -	313
MISS MILLER COMES TO NATIONAL OFFICE - - - - -	314
HAVE 'PROGRESSIVE' METHODS A PLACE IN SCHOOLS OF NURSING? - R. Chittick	315
NEUROSURGICAL NURSING CARE - - - - - E. H. Botterell	319
"MEAT FOR THE HUNGRY" - - - - - N. L. Burnette	324
THE TREATMENT OF JUVENILE DELINQUENCY - - - - - F. J. Curran	327
A NEW POST-GRADUATE COURSE - - - - - F. C. Munroe	331
KING AND COUNTRY - - - - -	332
NOTES FROM THE NATIONAL OFFICE - - - - -	333
PRINCE ALBERT THE PLACE OF MEETING - - - - -	335
PUBLIC HEALTH NURSING PAGE - - - - -	337
NURSING CARE FOR RACIAL GROUPS - - - - - M. Duffield	337
PUBLIC HEALTH NURSING IN A JAPANESE COMMUNITY IN BRITISH COLUMBIA - E. Williams	339
NURSING DIABETIC PATIENTS - - - - - L. A. Chase	343
STUDENT NURSES PAGE - - - - -	345
LEARNING ABOUT TUBERCULOSIS - - - - - M. Goldie, M. Wujek, M. Dunn	345
OBITUARIES - - - - -	346
NEWS NOTES - - - - -	349
OFF DUTY - - - - -	362

Subscription Price: \$2.00 per year; foreign and United States of America, \$2.50; 20 cents a copy.
Cheque and money orders should be made payable to *The Canadian Nurse*. When remitting by cheque 15 cents should be added to cover exchange.

Please address all correspondence to:
Editor, *The Canadian Nurse*, 1411 Crescent Street, Montreal, P.Q.



ANACIN is recommended for the relief of pain and discomfort due to headaches, colds and neuralgia, and is of value in relieving pain associated with functional menstrual disturbances.

DOSAGE: 1 or 2 tablets with water. Repeat if necessary, 1 tablet in 3 hours.

• PROFESSIONAL SAMPLES ON REQUEST



THE ANACIN COMPANY LIMITED
WALKERVILLE, ONTARIO

Reader's Guide

It is both an honour and a privilege to present the first of a series of articles dealing with the role of the nurse in the treatment of juvenile delinquency. In its original form, the content of these articles was the substance of an address delivered by **Dr. Frank J. Curran** before the Rhode Island State League of Nursing Education. Dr. Curran is senior psychiatrist in Bellevue Hospital, New York City, and assistant clinical professor of psychiatry in the New York University Medical School.

Have "progressive" methods a place in schools of nursing? This is the challenging question put by **Rae Chittick**. As instructor of health in education in the Provincial Normal School in Calgary, Miss Chittick is in close contact with the student nurses of tomorrow. The education of these girls is being carried on by new methods and is based upon educational principles which would be considered revolutionary in most schools of nursing. While she realizes the risk of pouring new wine into old bottles she thinks we have to take it. Miss Chittick is the president of the Alberta Association of Registered Nurses and, having obtained her degree in health education from Columbia University, has undertaken further graduate study in Stanford University.

In his capacity as assistant secretary of the Welfare Division of the Metropolitan Life Insurance Company, **Dr. N. L. Burnette** is widely known to Canadian audiences. There are some subtle vitamins in "Meat for the Hungry" and the *Journal* is proud to offer such piquant fare to its readers.

The Royal Victoria Hospital in Montreal is fortunate in possessing exceptional teaching and clinical facilities. In view of the demand for specially qualified nurses to take the place of those entering military service it is good to know that a specially valuable course in surgical nursing and operating room technique is to be sponsored by the School of Nursing. The nature of this experiment in post-graduate education is described by the superintendent of nurses, **Fanny C. Munroe**.

The extremely valuable series of articles by **Dr. E. H. Botterell** on neurosurgical nursing is continued in this issue. As already noted, we owe this privilege to Miss Jean I. Gunn, who generously allowed us to reprint the pamphlet prepared by Dr. Botterell for the use of the School of Nursing of the Toronto General Hospital.

Under the able direction of Miss Margaret Kerr, chairman of the Public Health Section, its Special Page goes on from strength to strength. Two articles are presented which complement each other. The first is by **Margaret Duffield**, superintendent of the Vancouver Branch of the Victorian Order of Nurses for Canada and well-known to our readers as president of the Registered Nurses Association of British Columbia. Her long experience in dealing with diversified racial groups in one of Canada's greatest seaports enables Miss Duffield to speak with authority. The author of the second article is **Eileen Williams**, a member of the nursing staff of the Metropolitan Health Committee of Greater Vancouver. Miss Williams deals with the specific problems associated with a single racial group. She is a graduate of the combined course offered by the University of British Columbia in conjunction with the School of Nursing of the Vancouver General Hospital.

There are encouraging signs that before very long the General Nursing Section may follow the excellent precedent established by the Public Health Section and sponsor a page of its own. In the meantime, an excellent article on the nursing of diabetic patients by **Dr. Lillian A. Chase** was obtained for the *Journal* through the good offices of the Section.

In **Notes from the National Office** you will find an excellent outline of what is being done by the Canadian Nurses Association through its provincial units to stabilize nursing service. Measures are being taken to maintain standards of entrance to schools of nursing and to increase facilities for post-graduate study. Reference is also made to the provision of loans and bursaries which will make it possible for nurses to qualify themselves for positions of greater usefulness.



FOR INDIGESTION...
DUE TO EXCESS STOMACH ACIDITY



BiSoDoL

POWDER • MINTS

Free samples on request

The BiSoDoL Company
Walkerville, Ontario

New *under-arm*
Cream Deodorant
safely
Stops Perspiration



1. Does not harm dresses — does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering, for being harmless to fabrics.



25 MILLION jars of Arrid have been sold . . . Try a jar today — at any store which sells toilet goods.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
 (Also in 15 cent and 59 cent jars)

**PAUSE... AT THE
 FAMILIAR RED
 COOLER**



Identification

is easy with CASH'S
WOVEN NAMES.
 Sewn on or attached
 with Cash's No-So Ce-
 ment. Most Hospitals,
 Institutions, and Nurses use them in
 preference to all other methods. They
 are the sanitary, permanent, econo-
 mical method of marking.

CASH'S 231 Grier St.,
 Belleville, Ont.

CASH'S 3 doz - \$1.50 6 doz - \$2.99 NO SO Cement
 NAMES 9 doz - \$2.50 12 doz - \$3.99 25¢ a tube



Mentholatum
 quickly soothes in-
 jury and promotes
 healing. Also for
 head colds, chafing,
 burns, chapping,
 cuts and bruises.
 Tubes and jars, 30c.

MENTHOLATUM
 Gives COMFORT Daily



THERE IS TOO MUCH HUSH-HUSH ABOUT CONSTIPATION..

- As a nurse you undoubtedly know that constipation needs to be talked about. And when that's done, you can really do something to relieve common constipation.
- Medical research has devised an intelligent modern way. Many cases of constipation are due to the lack of sufficient bulk in the daily diet. Thus intestinal muscles which play an important part in elimination of waste may get too little exercise; soon they become flabby and constipated.
- SARÁKA exercises the intestinal muscles.
- SARÁKA was created to provide bulk and to help exercise intestinal muscles in a convenient, practical way. A few tiny granules . . . small and easy to take . . . expand to form the soft bulk so often needed to exercise the lazy and under-worked bowel.
- SARÁKA is different. The gentle bulk it forms is soft, not rough; smooth, not harsh; jelly-like, not oily. There is nothing exactly like SARÁKA. SARÁKA is *not* bulk alone. In addition to bulk it also contains a gentle vegetable aid to elimination. It supplies "softage," not roughage; softage with a plus,† for dual action.
- If you yourself suffer with common constipation, take SARÁKA faithfully for a few days and begin to re-educate your intestinal muscles. You will then realize why so many physicians have recommended SARÁKA* for their patients.

SARÁKA

FOR UNDER-WORKED INTESTINES

† Bassorin plus frangula.

* Registered Trade-Mark

● SCHERING CORPORATION LIMITED 137 St. Peter Street, Montreal, P. Q.

Please send me "The Inside Story of Constipation" and generous trial size sample of SARÁKA.

Name.....

Street.....

City..... Prov.....

Book Reviews

The Romance of Medicine in Canada, by J. J. Heagerty, M.D., C.M., D.P.H., Director of Public Health Services, Federal Department of Health. 113 pages. Published by The Ryerson Press, Toronto. Price, \$1.25.

This book is based upon Dr. Heagerty's monumental work "Four Centuries of Medical History in Canada" and presents in popular form the story of the part played by disease in controlling the destiny of Canada. Disease ranked with war as a great scourge and its devastations at times proved even more destructive. Interesting references are made to the pioneers of Canadian medicine, the French surgeons, the British surgeons who came to Canada with the troops and practised their profession after the Conquest, the Loyalists who depended for medical treatment upon garrison surgeons, the growth of our great modern universities and hospitals, and the development of public health. The great epidemics of the nineteenth century—cholera, typhus, and smallpox—are described at some length. The book affords a colourful background for the study of nursing in Canada and should stimulate interest in more extended reading of Dr. Heagerty's major work. It is unfortunate that the book has no index. The author is generously donating all royalties on the sale of the book to the Canadian Red Cross Society.

Rheumatic Fever, studies of the epidemiology, manifestations, diagnosis, and treatment of the disease during the first three decades. By May G. Wilson, M.D., the New York Hospital and Department of Pediatrics, Cornell University Medical College. Illustrated. Published by The Commonwealth Fund, 41 East 57th Street, New York City. Price in the United States, \$4.50.

This book has covered this subject most thoroughly, approaching it with most exacting detail. Numerous statistical data have been worked into many chapters, and nothing has been left undone to uncover all the latest advances in the understanding of the extent and importance of rheumatic fever with all

its damaging features so early in a child's life.

For convenience the book has been divided into five parts, commencing with a most interesting chapter on the early recognition of the condition as a separate disease.

Part One is taken up with factors which are thought to cause rheumatic fever. After reading it one is left with the impression that arguments, pro and con, are all given and thus the final conclusion is left to the reader. Those interested in experimental work will find much ground for thought in this respect, and probably receive stimulation and a more fertile field for further investigations. This part clears away all the preliminaries necessary to an intelligent study of the actual disease.

Part Two brings one to the disease itself, and here again the author shows the results of diligent search for details giving a better understanding of the condition. The pathology of the disease is clearly shown, and the many inroads of the rheumatic condition to all parts of the body impress one with the immensity of the task of prevention and treatment. Case histories are given, and the early age at which children are cut down with these crippling and fatal symptoms makes the need of preventative study doubly important.

Statistics regarding the course and duration of the disease are outlined extensively in Part Three, which is conveniently summarized for those who do not wish to plough through the statistical features. The chapter on the prognosis of the disease is recommended. In a study of 673 rheumatic children followed for eight years, cardiac involvement was present in all but four children. This seems a very high average, being less than 0.75 percent. These findings seem higher than the rheumatic clinics of other centres. However, if for no other reason, this statement should make us redouble all our energies in overcoming rheumatic fever.

Section Four deals chiefly with the effects of rheumatic fever on the circulatory system. The various criteria regarding classification of heart findings are discussed and simplified. Methods of ascertaining the amount of



WYANOLDS

Wyeth

FOR THE RELIEF OF HEMORRHOIDS

EASILY INSERTED
READILY RETAINED

JOHN WYETH & BROTHER (CANADA) LIMITED

WALKERVILLE - ONTARIO

damage to the heart are also reviewed, both from the radiographic and electro-cardiographic viewpoint. This is a summary, as it were, of attempts to assess the inroads of the disease upon the heart, and herein lies the calamity of rheumatic fever. The tragedy of heart disease covers the entire universe—*young* lives blighted before they are even started.

The fifth and concluding Part deals with therapeutic measures. In this section ways and means of preventing the damage to the heart from increasing are discussed. This is the salvage department of rheumatic fever's inroads and, as such, is extremely important. The value of abundant rest is indicated. It discusses, too, the attempts made to fit the cardiac individual into the world environment so that he or she will not be conscious of being in a separate compartment. Treatment of various symptoms is given, and the use of various drugs evaluated.

Throughout the entire book, graphs and photographs are accurately and clearly shown. They represent considerable study and painstaking care on the part of the author. This book has its greatest value as a reference book in any nursing library. Problems are set forth and discussed, but the conclusion must be drawn by the reader.

F. SHIPPAM, M.D., C.M., M.R.C.P. (Edin.),

*Assistant Physician,
Children's Memorial Hospital, Montreal.*

The Canadian Mother and Child. Attention is drawn to the publication entitled "The Canadian Mother and Child" by Dr. Ernest Couture, Director of the Child and Maternal Hygiene Division of the Department of Pensions and National Health, Ottawa.

Not only will this book be a real service to Canadian mothers in providing information concerning maternal and child care, but it should also prove a stimulation to public health nurses by providing material for the improvement of the teaching content of the visits to this group. Dr. Couture has spared no effort in giving a most detailed explanation of what instruction and care are necessary throughout the whole

maternal cycle. The book is divided into four parts under the headings of care of the expectant mother; baby's arrival; the care of the baby; and the ideal baby. Each part is complemented with excellent illustrations which are attractive and up-to-date, and include set-ups for home deliveries which should be a real help to Victorian Order patients and nurses. The book includes knitting instructions and illustrations of infants' woollen garments, while the teaching on nutrition is augmented with recipes. At the foot of each page is a terse sentence giving a health thought which is a guide to healthful living.

It is the intention of the Minister of Pensions and National Health by whose authority this book has been published, to have it read and studied by as many expectant mothers as possible. Let us co-operate by seeing that our prenatal patients have copies and that this book receives the distribution it deserves.

CHRISTINE LIVINGSTON,
National Office Staff,

Victorian Order of Nurses for Canada.

Everyday Proctology, by F. B. Bowman, M.B., F.R.C.P. (Canada), Proctologist, Hamilton General Hospital and Mountain Sanatorium; Member, American Proctologic Society. 123 pages. Illustrated by the author. Published by The Macmillan Company of Canada, St. Martin's House, Toronto. Price, \$2.00

This short résumé of the diagnosis and treatment of anorectal disease does not pretend to be anything more than a practical handbook on the subject, but there is not one word in the whole monograph which could not be read with profit by every instructor and supervisor of nurses. The author has included a most valuable chapter, entitled "Proctologic points for nurses", which should be thoroughly explained and demonstrated, to every student nurse before she is permitted to undertake treatments even of the simplest kind. Dr. Bowman has rendered a real service by telling us how we may improve upon clumsily performed procedures which sometimes cause the patient unnecessary suffering and discomfort.



BECAUSE KOLYNOS is a concentrated Dental Cream, there being no added water in the formula, only a small amount is needed to clean the teeth. This concentrated cream mixes quickly with saliva to form an active pleasant tasting foam that cleans and polishes tooth surfaces without harm to the enamel. Its use on a dry brush is advocated so as not to dilute or weaken its cleansing action.

The Kolynos Company—Walkerville, Ontario

The Ideal Dietary Sweet



"CROWN BRAND" and "LILY WHITE" furnish maximum energy with a minimum digestive effort—and contain a large percentage of Dextrose and Maltose. That is why they are used so successfully for infant feeding.

These famous Syrups are scientifically manufactured under the most hygienic conditions . . . they are the purest corn syrups obtainable and can be prescribed with assured good results.



EDWARDSBURG "CROWN BRAND" CORN SYRUP and "LILY WHITE" CORN SYRUP

Manufactured by THE CANADA STARCH COMPANY Limited



End PEDICULOSIS* Quickly!

One application of Cuprex is usually sufficient to destroy both eggs and nits of head, body or crab lice.

Easy to apply — non-sticky — has no unpleasant odour.

At drug stores everywhere

*That condition caused by head, body or crab lice.

CUPREX

A MERCK PRODUCT

MERCK & CO., LIMITED, Manufacturing Chemists, MONTREAL



ODORONO SAFELY CHECKS PERSPIRATION ONE TO THREE DAYS

Compare ODORONO Cream with any other deodorant you've ever tried!

Compare, first, the size of the jar . . . you get 1 FULL OUNCE — not just a half ounce — of ODORONO Cream for 35¢! Now, compare the quality — if you don't agree that ODORONO Cream is the best deodorant you've ever tried, we'll give you

**YOUR
MONEY
BACK!**



KEEP the sick room a pleasanter place for you and for your patient by checking perspiration with ODORONO Cream. Apply ODORONO Cream as a regular part of your cleanliness routine—for yourself and for your patient. ODORONO Cream takes the odour from perspiration—is safe and pleasant to use.

- Non irritating — use before or after shaving.
- Quick-vanishing — dries in a jiffy, takes but a few seconds out of your busy day.
- Non-greasy—doesn't stain bed linen or clothing.

AT YOUR DRUG OR DEPARTMENTAL STORE

QUICK RELIEF

FROM

BURNS . . .

Pain from burns of all kinds—including those from electricity, hot metal, open flame, and scalding water—is usually relieved within a short time after application of Butesin Picrate Ointment with Metaphen. In this product, Butesin, a powerful topical anesthetic, is combined with picric acid to form Butesin Picrate. Metaphen is present for its antiseptic action. This ointment is a complete "ready-to-use" treatment for fairly extensive first degree burns and for small second degree burns.

Butesin Picrate Ointment with Metaphen is available in 1-oz. and 2-oz. tubes and 1-lb. and 5-lbs. jars. Trial quantity and literature will be supplied on request.

BUTESIN PICRATE OINTMENT



ABBOTT LABORATORIES LIMITED

20 BATES ROAD, MONTREAL, QUEBEC.

The CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SEVEN

NUMBER FIVE

MAY, 1941

Keeping the Wheels Turning

In the pleasant month of May there is a festival, known as Hospital Day, when the people whom the hospitals strive to serve are made specially welcome, not as patients, but as friendly visitors. The celebrations are preceded by a grand spring cleaning. Walls are painted, floors are oiled, and every door knob takes on added lustre as the result of energetic polishing. Members of the board of directors and of the medical staff act as a reception committee and the Ladies Aid serves tea in the staff dining room. The nurses act as guides for conducted tours of the institution and there is a cheerful buzz of conversation in the corridors. The community is proud of its hospital and comes away singing its praises and less critical of the per diem cost. After all, it is surely worth the money.

Like other festivals, Hospital Day has its patron saint, and because Florence Nightingale was born on the twelfth day of May the celebrations are timed to reach their climax on that auspicious

date. This association with the founder of modern nursing appears to be pretty well taken for granted. Nurses themselves attach no special significance to it and it is doubtful whether other hospital workers do either. And yet it is a genuine and sincere tribute to professional nursing. It is even a tacit admission on the part of the hospital that the knowledge and skill of the physician can only reach fulfilment in the presence of expert nursing care. Nurses are proud that this should be so, and prouder still that they are relied upon to provide it, day and night, winter and summer, Sundays and holidays not excepted.

When evening comes, most of the hospital workers go home. The business office, the diet kitchen, the laundry, the stores (in the smaller hospitals at least) hang up their keys on the night supervisor's bulletin board and go their ways free of care until the morning. But the nurses must keep watch and ward. This is their privilege as well as

their job, so why make a fuss about it? Patients are ill twenty-four hours a day.

At this point we are reminded of a time when we happened to be turning over the pages of a famous hospital magazine. There had been a grand convention, and photographs of great administrators adorned its pages. But not a single nurse — not one! Where could they have been when all these pictures were being taken? A friend, looking over our shoulder, gave a laconic answer — "They had to stay at home and keep the wheels turning," said she.

And so when Hospital Day is over everybody goes home, everybody that is except the nurses. The wards are quieting down after the excitement. The

temperatures are being taken, and the treatments given. It looks as though the business office census may drop before morning because the patient in the little room just off the public ward is making heavy weather of it. But the lights are on in the delivery room so the balance may yet swing even.

Now it is morning, and the keys are being lifted from their little rack over the night supervisor's desk. The extractors in the laundry give out a steady hum. The storekeeper's little delivery cart rattles along the basement. The hospital day begins anew. All night long the wheels have been kept turning.

— E. J.

Miss Miller Comes to National Office

Under the caption of *Notes from the National Office* the official announcement is made of the appointment of Maisie Kathleen Miller as assistant to Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association. In addition to a sound academic and professional preparation, Miss Miller has had the benefit of study and experience in the international field. In 1937 she received a scholarship awarded by the Canadian Nurses Association which enabled her to take the course offered by the Florence Nightingale International Foundation, in conjunction with Bedford College for Women and the Royal College of Nursing, in London. Upon her return to Canada, she prepared a stimulating article for the *Journal*, entitled "Under Heaven, One Family", in which she gave a vivid description of her experiences in England and on the continent. She was particu-

larly impressed with the excellence of the work done by nurses in Finland, Sweden, Holland and Belgium. It is indeed fortunate that this new worker at National Headquarters should have had this broadening experience in the happy days when frontiers in nursing did not exist. Although the cordial relationships formed at that time are interrupted for awhile, happier days will come when the threads of friendship may be gathered up once more. In the meantime Miss Miller will have an opportunity of sharing in the rapidly expanding work of the National Office and of making a valuable contribution to it. A true daughter of "the Maritimes", Miss Miller has the qualities of steadfastness, intelligence, and devotion. In selecting one of its own "Scholars" as a member of its official staff, the Canadian Nurses Association has chosen wisely and well.

Have 'Progressive' Methods a Place in Schools of Nursing?

RAE CHITTICK

This *Journal* of ours has become such a fine magazine that one draws back and takes a look at oneself and one's ability to put something on paper that is worthy of its pages. As I thought about this article from time to time in the intervening months, certain questions went through my mind. Is there anything that I know that other nurses don't know? Is there something that is real and vital and important to many nurses across Canada with which I am more familiar than the average nurse, and which I could present in a worthwhile fashion? The more I thought about this said article the more I was convinced that what I knew most about and perhaps nurses in general knew less about was how youngsters today are being educated. What children of today are learning and how they are learning it must eventually have a tremendous effect on nurses in training and on the whole nursing profession, as well as our entire national life. The Marys and Janes, Sibyls, and Marilyns who are in our elementary schools today are tomorrow seeking entrance to some school of nursing. And they are not going to be the same type of girls as the Marys and Marilyns who are entering our schools of nursing today!

All our nurses from twenty to seventy and on have come through a system of education that has been pretty well fixed for a long period of time, in fact, ever since our public school system and free education were established. This system was based on a formal curriculum planned by certain authorities and the teacher presented

this selected material in the best Herbartian manner. All children learned the same facts and the criterion of good teaching and good learning was for the children to be able to repeat back to the teacher the facts presented by her. School work was well organized into subjects and the day was divided into compartments for these subjects. Teachers worked on the premise that each body of subject matter has intrinsic educational value and it should be chronologically and logically arranged for teaching. The pupil became a little reservoir into which was poured doses of history, geography, nature study, science, grammar, composition, etc., and every once in awhile the teacher paused and took soundings to discover how much was there.

Now a new form of education is sweeping the country. It is called the "Progressive" movement, spelled with a capital P. It may have had its roots in Europe, but the movement developed into a highly organized society in the United States and a somewhat less organized one in Canada. However, organization or no organization, it is well rooted in British Columbia, Alberta and Manitoba, and but for the drought would likely be well established in Saskatchewan. The more conservative east is accepting the change less quickly, but the new course of study for Ontario shows unmistakable signs that it has been infected with the movement. In fact, educationists across Canada have felt impelled to adjust their educational systems to meet the demands of these new ideas.

Up and down the length and breadth

of the land, members of the teaching profession, and lay people as well, have been loud in their acclamations or their protestations concerning the revised organization of school work. On one side had been heard the complaint that education is going to wrack and ruin, forgetting the importance of the fundamental three R's; and on the other side a pride is displayed that the school in the district is in the vanguard of progress. Others have looked on thoughtfully, realizing that new life was pervading the school-room, and that children were interested in their work as never before.

What are the changes brought about by this movement? We hear such expressions as child-centred school, learning by experience, activity movement, integrated program. What is the significance of these? As set forth in brief in the program of study for elementary schools in Alberta, the formalism, rigidity, and narrowness of the old systems has given way to freedom:

Freedom from the tyranny of intellectual authority, freedom for the child to wonder, to question, to test and to conclude, being guided by the greater experience and wisdom of his teacher, but being led to appreciate and understand rather than to accept unquestioningly. With this intellectual freedom comes greater physical freedom, less holding of the child to rigid passivity, freedom to move, to act, to manipulate, to search, to do anything which will promote learning and which is not inconsistent with the rights of others to pursue their legitimate activities.

It is a freedom which must be curbed by self-restraint and respect for social conventions, and can be permitted only to the degree that capacity to use it properly is displayed.

How then do methods in an activity school differ from our old ac-

cepted forms of teaching? In the first place, children are more important than subject matter and the primary goal of education for both teacher and learner is to make personality. There must be many opportunities for the child to develop his potential possibilities, and he must grow in the understanding of social relationships and participate in them in ways conducive to the progress of society. He must not only develop a sound body, normal mental attitudes and controlled emotional reactions, but he must cultivate habits of critical thinking and the ability to meet new situations. Contemporary culture is the centre of gravity of general education in a "progressive" school, that is, the needs and purposes of education are always found in the needs of the society it serves. We find here the guiding principle for the selection of subject matter and activities of the curriculum. Education must come to grips with the problems of today and must provide experiences for living intelligently in this culture. The past is only important as it explains the present. The once firm view that certain subjects have disciplinary value in that they train the mind or the memory has been completely discarded.

Changed methods of teaching in the "progressive" schools include the disappearance of subject-matter boundaries, the important thing being that the fact, skill or principle has meaning and significance rather than that it be properly classified. There is much more working in groups and more research-work done by children, that is, emphasis is placed on children discovering information for themselves and bringing this information, with the problems growing out of it, for discussion in class. This type of teaching involves the reading of a wide selection of references, much more use of bulletin

boards, reading centres, pictures, slides, drawings, photographs; it means much more experimentation on the part of children.

Progressive schools are convinced and have strong evidence to prove that children educated under their methods are much more aware of the problems of the society in which they live. They have a questioning attitude and are taught to think, but not what to think. They know where to look for information, for scientific data, and how to prove that information is correct. This questioning attitude, this effort put forth in searching for material and in validating it develops in children a feeling of confidence and self-reliance. It makes the child aware of methods of testing the validity of information which has been handed down from the past, and so gives him confidence in his ability to discover facts for himself, thus there is less likelihood of authoritarian indoctrination. Working in groups and in committees places emphasis on cooperative effort, and so is developed an appreciation of the work of others, and with this appreciation comes a greater tolerance of the views of other people. In short, "progressive" schools aim to give the child an attitude of experimentalism with the realization that there is no fixed truth, which is the philosophy of both science and democracy.

Now, we may question how this new pattern in education affects us as nurses? You may say that this new "progressive" idea is alright for the elementary school, but the high schools and the colleges remain much as they were, and we are drawing our people into nursing schools from those of college level. But what educators are realizing more and more is that you cannot make such profound changes in the elementary school without starting a wave that carries through the whole

educational system. Already the high school has felt the impact of children refusing to accept the traditional methods. The high school student is not satisfied with the established subjects, the fixed curriculum and memoriter methods. He wants to know about the world in which he lives today and he wants some contact with it. If he can't actually go into the world of art, or business, or industry, he wants it brought into the school room where he may discuss it and experiment with it. The result is that arbitrary lines between subjects are disappearing in the high school, too, and many high schools have introduced what is known as a "core curriculum", which is what might be conceived as one broad, integrated field containing projects and units of work cutting across the social sciences, the humanities, the physical sciences and the biological sciences. In these life-like learning units the student's purposes dictate the types of subject-matter to be used, and there is a constant tie-up between problems of daily living in the school and the larger community problems.

Some changes which have already come in many schools of nursing as a result of the general movement to develop more democratic principles and increase student responsibilities and activities are student government, deciding upon and administering discipline, student-planned social activities. Now, would it be going too far to allow students to plan their own curriculum? If education starts when one wants something, should not the interests and needs of students be considered in a school of nursing as well as in any other school? Must all nurses in a school submit to identical courses? Will the push from the elementary and high schools begin an integrating process so that the boundary lines between the

great number of subjects now presented in schools of nursing may disappear? May a nurse choose a field of study and follow it through regardless of whether it cuts across anatomy and physiology, materia medica, surgery, nutrition, pathology or ethical principles? Has the time come to question the value of formal lectures for which nurses rush to class, listen to an authority, take down notes and later memorize these notes for examination purposes? Should not more emphasis be placed upon reading, on experiment and research, on the selection of problems and on devising ways and means for solving these problems? Might a nurse or a group of nurses working on a problem have access to all the departments of the hospital, if necessary, for gathering data — the sterilizing room, the diet kitchen, the laboratory, the pharmacy, and feel free to consult head nurses, superintendents, physicians or health departments. Perhaps the time given to lectures could be cut down and periods set aside for discussion of problems with someone of wider experience and greater knowledge.

The breaking down of the formalism of an authoritarian course of study which has a set number of lectures in particular subjects and the substitution of study in fields of interest takes a tremendous amount of planning by instructors and a wide knowledge of the areas to be explored, as "progressive" teachers know only too well. This form of study may involve more time free from ward duty and this is difficult to give where the demands of the hospital must be met. It involves a good library with a wide selection of references which is within easy reach of the student. It means for instructors a tremendous amount of attention to individuals or small groups of nurses

in helping them to plan experiences. It may mean the placing of students in wards or departments of the hospital where they may follow out in a practical way the study they are making.

There are untold difficulties in a school of nursing since in a hospital set-up the needs of the patients must first be met. Yet, perhaps the time has come to adjust our formal courses to the needs and purposes of our students as far as the situation will allow. It doesn't seem to fit into good practices of modern education to pick up the regulations governing a school of nursing and read that each student must have 65 hours of anatomy and physiology, 20 hours of bacteriology, 15 of medical nursing, 15 of diet in disease, 6 of venereal disease, etc. This presupposes that some authority has set down the requirements and in the three years spent in the hospital certain pre-selected information or materials must be covered. It leaves no room for the interests and felt needs of students. It also presupposes that every nurse must be interested in this prescribed course, because certain authorities consider there are certain essentials in the education of a nurse. Yet, it is well recognized that the field is extraordinarily great and that the art and science of nursing has such tremendous scope that it would be difficult for any authority to determine what is most essential in the education of a nurse.

When the three years are completed, the nurse, after all, has just a little insight into the field of nursing, and all we can hope to give her in that time are a few skills and a little knowledge, but we should open for her the great vistas down which she may travel. What schools of nursing must do, like "progressive" schools, is to make personality, and that personality should have deep resources within herself, be aware of

the tremendous possibilities of the world about her, and always keep advancing in the more recondite wonderings.

REFERENCES

The Changing Curriculum: Henry Harap;
D. Appleton-Century Co., 1937.
Integration, Its Meaning and Application:

Henry Hopkins; D. Appleton-Century Co., 1937.

Let's Go To School: Horrall, Codone, Willson, and Rhodes; McGraw-Hill Book Co., 1938.

Education for Democracy in Our Time: Jesse H. Newlon; McGraw-Hill Book Co., 1939.

Neurosurgical Nursing Care

E. H. BOTTERELL, M. D.

Trigeminal Neuralgia, or Tic Douloureux — As the name implies, this condition consists of paroxysms of unbearable pain in the face. To relieve this pain the nerve bearing sensation from the face is divided. The pain is stopped and all forms of sensation are lost over that side of the face and in the eye. A foreign body in the cornea or gauze rubbing on the eyeball is not felt and the eye must be protected, particularly the first few weeks following the operation. A watch glass is worn over the eye day and night for several days post-operatively and then only at night or in a dusty place by day; never a pad and shield.

Starting 24 hours post-operatively, first the normal eye and then the eye of the operated side are irrigated with warm 1:40 boracic acid solution, using an eye dropper. The eyeball must not be touched by the dropper. Any patient following operation for trigeminal neuralgia who develops redness or discharge of that eye must be reported at once to the surgeon responsible for the patient's welfare. The patient must wash his face in front of a mirror to avoid getting soap in his eye. Any minor infection of the face must be scrupulously treated as it will be quite painless.

The inside of the nose must not be

scratched or irritated. After discharge from hospital the patient may have to wear glasses, preferably with a cellophane goggle on the affected side.

Brain Abscess — The outstanding feature of the care of a patient following drainage of a brain abscess is the prevention of any disturbance of the dressing. A very carefully applied head dressing is used but irrational patients can dislodge yards of adhesive or crinoline gauze and hands must be held or tied down. There are two reasons why it is so important to keep the dressing in place: (1) the tube or packing draining the abscess is not sutured in place; (2) if the tube is moved from its correct situation in the first 24 to 48 hours it is difficult to replace it satisfactorily. Adequate drainage may be regained only by a second operation.

Ventriculography — Under local anaesthesia a burr hole is made in the skull and a needle passed into the cavity of the brain. Cerebrospinal fluid is withdrawn and replaced by air without serious disturbance of intracranial pressure. This procedure is followed by X-ray studies in an endeavour to diagnose a space-occupying lesion such as a brain tumour or brain abscess. The patient must be followed as to pulse, respirations and level of unconscious-

ness as after any intracranial operation. Sedatives other than aspirin and codeine are never to be used either before or after ventriculography.

Encephalography — With patients in whom there is no increase in intracranial pressure, spinal fluid may be withdrawn by lumbar puncture and replaced with air. Considerable headache, nausea and vomiting may result and therefore the patient is usually given codeine by hypo both before and after operation. The same routine is followed on the patient's return to the ward, as after an intracranial operation, the patient being kept flat in bed for 24 hours and encouraged to drink.

Craniocerebral Injuries — Every head injury must be considered from two points of view; first, possible damage to scalp and skull, and second, possible injury to brain. At the time of the accident attention may be necessarily focussed on a briskly bleeding laceration of the scalp. At a later stage the question uppermost in the minds of many people is: "Has the skull been fractured?" In reality, the degree of injury to the brain occurring at the time of accident or later, is the question of paramount importance. A fractured skull is significant only because it may result in serious damage to the brain, allow the entry of bacteria and the development of meningitis or brain abscess, or be the cause of severe haemorrhage. Intelligent nursing of a patient who has been, or still is, unconscious from a craniocerebral injury requires understanding of the effects of a head injury upon the brain. Unconsciousness follows immediately upon sudden "shaking up" of the brain, for there is a generalized cessation of brain function. When the injury is not sufficiently severe to bruise and lacerate the brain, the patient may be merely dazed or re-

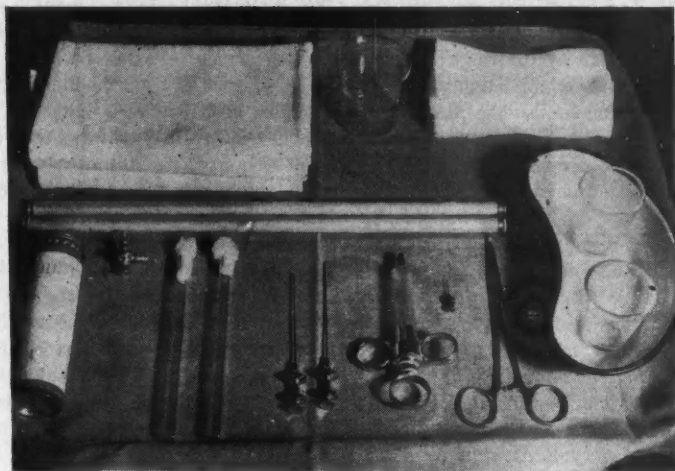
cover consciousness within a few minutes. When bruising and laceration of the brain are present, the patient may remain unconscious for an hour or more and be semi-conscious and disoriented for days. Bruising and laceration of the brain frequently occur without any fracture of the skull.

First aid by a nurse to an unconscious patient following an accident consists of careful safe transportation, of maintaining unobstructed air passages and of control of haemorrhage from any scalp laceration. Careful transportation is not an easy problem, for a fracture-dislocation of the neck may complicate a head injury. In such a patient, if deeply unconscious and relaxed, careless handling may damage beyond repair the spinal cord. Forward flexion of the neck should not be allowed. Sufficient assistance must be obtained to maintain a strong pull of the head, thus holding the neck in line with the body. Failing adequate assistance, the patient is best transported face down with the neck hyper-extended backward.

To maintain unobstructed air passages, the tongue must not be allowed to fall back into the throat and so obstruct the larynx. The jaw must be held well forward or the patient transported in the semi-prone position with the chin pointing toward the stretcher. Excessive bleeding must be controlled by covering the scalp laceration with gauze and applying tightly a bandage.

Concussion — 90% of all head injuries are but dazed or recover consciousness within a few minutes. All such patients, whether admitted to hospital for 24 hours or kept at home, should be most closely observed. Careful record of the level of consciousness at half-hourly intervals is necessary for 24 hours. Does the patient respond

NEUROSURGICAL NURSING CARE



Equipment for lumbar puncture

normally when roused? At similar intervals the vital functions, pulse rate and rhythm and rate of respirations must be noted. Temperature is taken per rectum in an unconscious patient every two hours at first, changing to intervals of four hours, and then three times a day as the condition indicates. Blood pressure is recorded along with the pulse and respirations if possible. Increasing stupor with slowed pulse and stertorous, slowed or irregular breathing denotes increasing intracranial pressure. This is commonly due to haemorrhage from rupture of the middle meningeal artery accumulating between the skull and the dura mater covering the brain, extradural haemorrhage. Convulsions may occur, one pupil may dilate or weakness of one arm and leg may become apparent, all indicating local damage to the brain. Any of the above disturbances of consciousness, pulse, respirations, paralysis or convulsions must be reported at once to the

doctor in charge of the case. The onset of convulsions may herald the onset of haemorrhage and is an event of the most pressing urgency. The difference between the successful surgical removal of such a blood clot and a fatal outcome may be only a delay of half an hour in seeing the patient. The period following the accident and before the second lapse into unconsciousness when the patient is apparently normal is known as the "lucid interval".

Contusion and Laceration of Brain

— A much smaller group of patients are absolutely unconscious for an hour or more and may remain semi-conscious and oblivious of their surroundings for days or even weeks. This state of affairs results from actual bruising and laceration of the brain.

Nursing care must solve two major problems. The first is the recognition of signals indicating that the patient's life is in danger. The level of consciousness, vital reactions and general

reactions of the patient must be closely observed. The level of consciousness is best gauged by the response to a pinch on the inner side of the thigh or arm. In a patient who is not moving the extremities spontaneously the degree of voluntary movement of the arms and legs can also be determined in this way. The pulse rate and rate and rhythm of respirations are recorded at half-hourly intervals. Frequent estimations of blood pressure are also helpful. Temperature must be taken per rectum every two hours at first and a four-hourly clinical chart may be commenced after recovery has proceeded somewhat.

Increasing depth of unconsciousness, slowed pulse and respirations, a diminished range of voluntary movements on one or both sides of the body, a dilated pupil or convulsions, are all danger signs, any one of which requires the immediate presence of the physician. By these means, early presence of a blood clot pressing on the brain or increasing intracranial pressure from oedema may be recognized and treated.

The second problem consists of protecting an unconscious patient from injury, providing nourishment and rest in spite of an unruly lack of co-operation. The majority of patients require no surgical intervention so that recovery depends upon the efficiency of the nursing régime. In the period of deep unconsciousness immediately following the accident the patient requires the same care as if deeply anaesthetized. The air passages must be kept clear, and this is most satisfactorily performed (as in a post-operative case) by placing the patient on the side with the head on a small pillow and the mouth directed towards the mattress. The tongue falls forward, and blood, vomitus and mucus drain out of the dependent corner of the mouth. Warmth is essential, for the patient

may be suffering from surgical shock. No attempt should be made to give fluids by mouth. Lumbar puncture may be performed at this or some later stage so that a tray should be readily available at all times.

The illustration shows the equipment required for a lumbar puncture, study of cerebrospinal fluid pressure, and collection of cerebrospinal fluid. Lumbar puncture needles, three-way stop-cock and manometer should be carefully fitted. Once a tight fitting set has been assembled, it should always be used as a unit. The equipment includes 2 towels, 3 gauze wipes, 2 medicine glasses, 2 oz. novocaine, 1 beaker, 65% alcohol, 1 pair artery forceps, 2 c.c. syringe, 1½ c.c. fine needle, 2 medium large lumbar puncture needles, Ayer manometer, three-way stop-cock, 2 sterile test tubes. The cardboard holder containing a sterile test tube is particularly useful. It is supplied in Ontario by the Provincial Laboratory.

Within an hour or two, as recovery proceeds, the patient becomes semi-conscious. From a mild degree of stirring, intense restlessness may develop with attempts to climb out of bed and constant thrashing about. This stage of restless semi-consciousness is a real problem as it may last for days. The patient must be prevented from self injury. Side boards or a crib bed will help to prevent falling on the floor. Restraint, regardless of the method by which the patient is tied down, serves only to aggravate the involuntary thrashing about. With a nurse constantly present the patient must be allowed to move about in the crib bed as freely as in compatible with safety, regardless of the positions achieved. Elbows and knees and heels may require protection with cotton wool and bandages if the skin is not to be rubbed

off. Pyjamas, rather than a night gown, allow the fullest range of movements in bed and unexpected excursions about the ward with a minimum of disturbance of the proprieties.

To prevent exhaustion, sedatives may be necessary but must be given only as ordered by the surgeon. Sedatives may so mask the patient's general condition that particular care and thought are necessary in their use. A quiet half-darkened room is of great advantage, for a bright light or sudden noise will rouse a quietly dozing patient into prolonged activity.

The unconscious or semi-conscious patient, like any other living person, requires fluids for maintenance of the normal function of the body. Frequently food and fluids cannot be given by mouth. The constant struggling makes it impossible to keep either a needle or canula in a vein. Under these circumstances a duodenal tube may be passed through nose or mouth and left in place for as many days as necessary. By this means the patient is given from 1500 c.c. to 2000 c.c. of fluids high in caloric value, each 24 hours. Sedatives such as paraldehyde can readily be administered by this route.

Incontinence of urine is the general rule, but occasionally retention of urine is responsible for an extreme degree of restlessness and catheterization is necessary. Involuntary bowel movements usually occur but no alarm need be felt if the bowels do not move for four or five days following the injury. It is probably better to administer magnesium sulphate by mouth or to instil four ounces of a saturated solution of magnesium sulphate per rectum than to give an enema, in spite of the havoc wrought with the bed.

Care of bleeding and leakage of cerebrospinal fluid from ear or nose — Bleeding or leakage of spinal fluid from

the ear is indicative of a fracture of the base of the skull. A communication exists between the external ear and the cerebrospinal fluid bathing the brain. Under no circumstances should any attempt be made to clean the canal of the ear nor should any instrument be introduced. It suffices to place sterile cotton wool at the outer opening of the canal of the ear. Leakage of spinal fluid from the nose is absolute evidence of a fracture of the roof plate of the nose. This fracture establishes a communication between the nose and the cerebrospinal fluid bathing the brain. In the absence of signs of a blow on the face, bleeding from the nose is suggestive but not absolutely indicative of a fracture of the roof plate of the nose. Local treatment consists of keeping the lower part of the nostrils clean and, if the patient is conscious, cautioning him against blowing the nose at all or sneezing violently.

Convalescence from a craniocerebral injury — Convalescence starts when the patient recovers consciousness sufficiently to take the slightest interest in the surroundings or to co-operate in any way in his own care. This definition of convalescence holds whether unconsciousness is momentary or of long duration. Most patients reaching this stage make a satisfactory recovery in spite of serious mental hazards. The largest mental hazard is the widespread conviction of the public that "brain injuries" or a "fractured skull" frequently lead to epilepsy, mental and moral deterioration and the like. The greatest care is necessary to ensure from the patient's first waking moment that everything impresses upon him that complete recovery is sure. Nothing so delays and complicates convalescence as the patient hearing such remarks as "he has had a close shave", or "the brain is torn." Nursing care throughout

convalescence requires an atmosphere of reassuring optimism. The patient is steadily encouraged to increase his range of activities so long as fatigue, head-

aches or dizziness do not become troublesome.

(To be continued)

"Meat for the Hungry"

N. L. BURNETTE

At this time, when so much emphasis is being placed on the subject of nutrition, the history of our first cook book is not without interest. The journals of early days in Upper Canada are filled with wails about the execrable food. Doctor Dunlop, writing in 1832, remarks, "The proverb of God sending meat, and the Devil cooks, never was so fully illustrated as in this country." "How," he says, "poultry is dressed so as to deprive it of all taste and flavour, I am not sufficiently skilled in cooking to determine; unless it be by first boiling it to rags and then baking it to a chip in an oven."

Shirreff, who has left us a painstaking daily account of his travels in Old Ontario in 1835, seems never to have had a decent meal. One would imagine that some of the settlers must have brought cook books with them. As a matter of fact, one was actually printed in Kingston in 1831 under the delightful title of "The Cook Not Mad." However, this was merely a reprint (and probably pirated at that) of a work originally published in New England.

It was not until 1854 that the redoubtable Mrs. Traill came to the rescue of her dyspeptic fellow colonists; and in her usual thorough manner, tackled the problem by writing the "Female Emigrants' Guide." This book, which is now a collector's item, must have been deservedly popular because, under slightly different titles, it ran

through three editions. The Guide was the first real Canadian cook book. It was written here, published here, and very definitely designed to meet purely local needs. Furthermore, one can claim for the Guide that, to this day, it is still the only true Canadian Cookery. It deals with nothing but the preparation of native dishes. As to finger-length sandwiches, vitamins, calories, balanced diets, and the pallid horrors of "The House Beautiful," Mrs. Traill is magnificently silent. Her's is a cuisine for men—and the Homeric Gods.

With watering mouths, let us consider our author's remarks on the proper serving of pigeons. It must have been the passenger pigeon of which she speaks: "Pick and draw your birds; mix bread crumbs with a little parsley chopped fine, some butter, pepper and salt; put a little into the body of each bird; lard and roast them. The basting will serve for gravy—or add a little butter, and a very little boiling water after you have taken up the birds, and heat it in the pan your pigeons were roasted in." Or as an alternative, the book offers pigeons in crust, pigeon pie, or pigeons stuffed, larded and baked in a kettle covered over with hot embers. Mrs. Traill says, "During the Spring and Summer months, numbers of pigeons linger to breed in the Canadian woods, or pass over in straggling flocks when they are shot in numbers by the settlers. Pigeons are best for table just after wheat harvest; the young birds

are then very fat. They are good any way you cook them." One can well believe her.

There are recipes for wild rice, venison, bear, partridge, black squirrel, Canadian hare, wild duck, wild geese, native fish—and of course, maple sugar. Eleven pages are devoted to the subject of corn—that delectable cereal which is still a novelty to the new-comer from overseas. Probably Mrs. Traill was familiar with an old English Cook Book, which speaking of "Jugged Hare" started off with the eminently practical advice "first catch your hare." Mrs. Traill deals in detail with the growing and harvesting of corn, and she treats of all our native vegetables in the same manner. Before giving recipes for the cooking of potatoes, pumpkins, squash, cucumbers, melons, tomatoes, and beans, she always devotes considerable space to proper methods of planting and cultivation. There is a very interesting chapter on wild fruits. Mrs. Traill tells us that the Mandrake or May-Apple was the first native fruit that she tasted after her arrival in Canada. She recommends the Mandrake as a delicious preserve, and advises that it be cultivated in the settlers' orchard.

It is worthy of note that Mrs. Traill touches very lightly on the medicinal value of the plants and herbs that she mentions. Our author was a keen botanist. She must have been familiar with the Herbals that were in favour in her time. But she was a highly intelligent woman. It is just possible, that because of this, she was cautious about commonly accepted cures founded only on tradition.

Mrs. Traill mentions the usual methods of manufacturing wine from native fruits. She also has a few remarks to make about beer: "There is nothing that the new settler complains about more feelingly of than the want of

good beer and ale. Nobody brews beer in their own homes in Canada. Beer can be got in all towns it is true; but it is not, the emigrants say, like the sweet well-flavoured home-brewed beer of the English farm house. The reasons are... there are few mallsters... barley is not very generally grown as a rotation crop... the want of vessels and conveniences for brewing is an obstacle which it often takes years to overcome; and by that time, the taste for beer has often unhappily been superseded by that of whiskey. I feel sure that if there were more private families who brewed beer, there would be a thousandfold less whiskey drunk in this colony."

Then Mrs. Traill offers recipes for home-made beer brewed from treacle, beets, or maple sugar! The sweetness of the major ingredients were to be counteracted by the addition of some acid fruit, or sprigs of hemlock. One feels diffident about contradicting a lady, but it is questionable whether Mrs. Traill is quite sound on the subject of fermentation. She seems to think that potables made in the manner which she describes would be fit to drink in anything from two to ten days. Scientific experiments conducted in the homes of millions during prohibition, rather indicate that the results were more likely to be an unpalatable soft drink, or else, a high explosive that unbottles itself with alarming ferocity.

Recollecting early days, when her store of tea and coffee had been exhausted before fresh supplies were obtainable, Mrs. Traill gives an interesting list of substitutes. This includes, sassafras, sweet-fern, meadow-sweet, Labrador and hemlock tea; and coffee made from the acorn of the white oak or from dandelion roots. Concerning the latter, Mrs. Traill says: "I can speak to the excellence of the Dandelion Coffee,

having drunk it... the addition of a small quantity of good coffee would be an improvement... as the difference would then hardly be detected between the substitute and the genuine article." Of course, Mrs. Traill was the most cheerful soul that ever pioneered in the Canadian Bush, but it is just as well to remember that she was brought up on English coffee-making.

"The Female Emigrants' Guide," as its name implies, was more than a cook book. There are chapters on the management of wool, bee-keeping, soap and candle making, and the weaving of rag carpets. The home-maker is advised to plant a vegetable garden for use, and to grow flowers, shade trees, and vines, for beauty. The introduction is a classic. In it, Mrs. Traill goes fully into preparation for the voyage. What clothing to buy, what household goods and utensils should be purchased in the Old Country, what can be left behind because obtainable in Canada, what training in useful arts would best benefit women before leaving the Old Land. This last is important. Mrs. Traill points out that it is one of the settler's great objects to make as little outlay of money as possible. Everything that is done in the house by the hands of the family is so much saved or so much earned towards the payment for the land or building houses and barns, buying stock, or carrying on the necessary improvements on the place; the sooner this great object is accomplished, the sooner will the settler and his family reach a state of independence.

In furnishing a Canadian log-house (says the Guide) the main study should

be to unite simplicity with cheapness and comfort. But this does not preclude the exercise of good taste: "A common box or two stuffed so as to form a cushion on top, will fill the recess of the windows... a set of book shelves stained brown to hold your library... a set of corner shelves fitted into the angle of the room (the whatnot of Victorian days) for any little ornamental matters or for flowers. A few prints or pictures... they are intellectual luxuries that even the poorest man regards with delight." Mrs. Traill gives advice on cooking stoves, and the heating of the house. She tells how barrels can be converted into wash tubs, and easy chairs. Tanned and dyed skins make excellent door mats and warm hearth rugs. Quaintly enough, there is a whole section on the evils of the chronic borrowing neighbour.

The book is a complete manual of Canadian housewifery. All that is touched upon is essential. But Mrs. Traill never lets one forget that the chief need of a hard working settler's family is a good, wholesome and varied diet properly prepared. "Never," she says, "sacrifice the comfort in the kitchen for the sake of a best room for receiving company." Mrs. Traill was a very beautiful character. She was a deeply religious woman. In the Guide, she writes in all sincerity, "Unless the Lord build the house, they labour in vain that build it." Nevertheless, she had her own ideas about human contributions to happiness. One surmises that she would not wholly approve of even a celestial mansion unless it had a first-class kitchen.

M.I.C. Nursing Service

Miss Gertrude Gouin (Notre Dame Hospital, Montreal, 1937, and University of Montreal public health nursing course, 1937-

38) was permanently appointed, on March 10, 1941, to the Metropolitan Nursing Staff in charge of the Grand'mère service.

The Treatment of Juvenile Delinquency

FRANK J. CURRAN, M. D.

I have carefully perused the articles dealing with psychiatric nursing published in the *American Journal of Nursing* and in the *American Journal of Psychiatry* since 1930, and I have found very few articles dealing with the role of the nurse in the treatment of behavior problems of children or adolescents, but I have reviewed many excellent articles written by nurses, physicians and psychologists dealing with more general aspects of psychiatric nursing, such as nursing techniques, mental hygiene and the nurse, the education of the psychiatric nurse and the like. Included in this latter group are papers by May Kennedy¹, Wilgus², Noyes³, Bennett⁴, Thielbar⁵, Faber⁶, Ingram⁷, Patry⁸, Taylor⁹, Jones, Kennedy and Shields¹⁰, Knight¹¹, and Mather¹².

Bullard¹³ has stressed the value of nurses being psycho-analyzed before they work with mental patients. He writes:

Analyzed personnel have been found to be of tremendous value in dealing with acutely disturbed patients. Having experienced anxiety, fear and panic, irritation, anger and rage in their own analyses and having learned to what these may be due and how infinitesimally slight frustrations may provoke them, they are more alert to the feelings of the patients and intelligent in dealing with them.

Bowman¹⁴ has criticized certain hospital procedures, particularly the tendency for administrative procedures to become highly standardized and mechanical, and points out that the staff personnel, including the nurses, must be guided by the individual problems of the patient, so that hospital regulations may have to be ignored in cases of emergen-

cy. He briefly mentions the functioning of the children's and adolescents' wards at Bellevue and discusses the groupings of small boys with small girls on the children's ward as being preferable to that of having big and small boys together. Bender¹⁵, who is in charge of the children's ward in Bellevue, read a paper before the New York County Registered Nurses' Association in April, 1938, and she discussed mental hygiene and the child, discussing particularly the mental life of the infant and small child. Bowen¹⁶ has described nursing attitudes toward the treatment of behavior problems at the Emma Pendleton Bradley Home, but states that the patients there range in age from two to eleven. Faber⁶ briefly mentions the adolescent period in discussing methods of teaching mental hygiene to student nurses and discusses how the adolescent student nurse can see her own difficulties in exaggerated form as they appear in the mental patients.

It is quite likely that the paucity of scientific literature dealing with psychiatric nursing of adolescent problems is due to the fact that in most parts of the country these problems are treated either in child guidance clinics or in correctional institutions. In such places the role of the nurse is usually minimal or administrative and does not include psychotherapy. At the 1939 meeting of the American Psychiatric Association, Stevenson¹⁷ presented an outline of standards and curricula for courses in psychiatric nursing; these represented the first major revisions since the standards were set by the American Psychiatric Association in 1923; the National League of Nursing Education has co-

operated in preparation of this outline. In Stevenson's report, no mention is made of adolescent psychiatry and it is suggested that four hours of teaching of child psychiatry would be "highly desirable", although the teaching of other aspects of psychiatry is deemed essential.

In this paper, I shall briefly mention some of the more frequent psychiatric problems of the adolescent, shall describe the set-up of the adolescent ward at Bellevue Hospital, shall discuss a follow-up study of three hundred of our cases, and finally discuss the role of the nurse in the treatment of the emotional problems of the adolescent.

General Psychological Problems of Adolescence: The term adolescence means "growing up" and usually extends from the time of puberty up to twenty-two or twenty-three. There is no well defined beginning or end of this period. During this time one clings to the protections and pleasures of childhood, while at the same time reaching out for the privileges and responsibilities of maturity¹⁸. Among primitive people there is no period of adolescence. One is a child until puberty. Then, with puberty changes (sudden increase in height, voice changes, onset of menses, etc.) one becomes an adult. In our civilization we have no definite time when one is designated as an adult and permitted to wear long trousers, high-heeled shoes, or to smoke, use cosmetics, or drive a car, and this leads to considerable conflict between parents and children. With the exception of the sexual problem, there is no specific emotional problem of adolescence, but all of the physical and emotional problems of childhood and adulthood can, however, be seen in a very dramatic form at this time.

Garrison¹⁹ describes the universality and normality of delinquency and states

that nearly everyone, at some time in his life, has committed anti-social acts. It is often a question as to "who is caught". Moreover, some anti-social tendencies are more easily detected than others. Behavior problems are usually symptomatic of a great variety of conditions, such as physical conditions, socio-economic status of the parents, general conditions of the home, intellectual conditions, educational advancement of both parents and child, faulty habit formations and poor guidance.

A juvenile delinquent is defined as a child of more than seven and less than sixteen who shall commit an act or omission which if committed by an adult would be a crime not punishable by death or life imprisonment. If an individual is over sixteen and under twenty-one, he may also be adjudicated as a delinquent or wayward minor. A wayward minor is defined as one who is wilfully disobedient to the lawful commands of his parents or guardians.

Set-Up of Bellevue Adolescent Ward: In April, 1937, we opened the adolescent ward²⁰ in Bellevue Psychiatric Hospital and, to my knowledge, it is the only ward of its kind in this country which deals only with the emotional problems of adolescents. The majority of our patients are non-psychotic behavior problems referred to us from the Children's Courts, Board of Education, and Social Service Agencies. Because our ward is equipped to handle only fifty to sixty patients at a time, we usually admit only adolescent boys between the ages of twelve and sixteen. Less than ten percent of our patients are neurotic or psychotic, while the greatest group consists of behavior problems, the charges varying from disobedience and truancy up to murder. Four of the latter cases being admitted

during the first year of the ward's existence²¹.

These cases represent roughly only about seven to nine percent of all the delinquent boys appearing in the New York Children's Court. In 1937, for example, there were 4,571 delinquent boys in the New York Courts and during the first year of the existence of the Adolescent Ward, we had 496 "first admissions", of which 353 were court cases. First offenders in the Children's Courts are rarely sent to us unless they are sex cases and the majority of the boys have had at least 2 or 3 previous court appearances and opportunities on probation before being sent to Bellevue. Thus the cases on the Adolescent Ward represent the more serious forms of delinquencies or emotional problems and have been frequently compared to the "Dead End Gangs", popularized in the theatres and movies in recent years.

From a sociological standpoint, the largest number of our boys are products of broken homes or else they come from homes where the parents are on home relief or its equivalent. Many of our boys are the children of psychotic or criminal parents. Negroes and children of Italian extraction form the largest part of the ward census followed by children of Irish extraction. We have very few Jewish boys on the ward and these are usually neurotic or psychotic rather than behavior problems. As might be anticipated on a ward consisting of adolescent boys, the majority of whom have been showing antisocial conduct at home or at school, considerable aggressive and destructive behavior has been observed²⁰.

When the ward was first opened, considerable property damage occurred. Windows were repeatedly broken. Tables and chairs were frequently des-

troyed. Murals were ripped from the walls. Door knobs were broken, light fixtures were tampered with, sheets and blankets were thrown out the broken windows. These boys would ask for brooms or mops to help clean the floor and would then use the handles to puncture holes in the soundproofings on the ceiling. They destroyed victrolas and victrola records which were being used to provide music for their dancing lessons. They would rip up keys from pianos. On one occasion they removed the metal caps from the bottom of chairs and inserted them in the heels of their shoes to give a "sound effect" to their tap dancing. These aggressive and destructive acts have been greatly curtailed since we have better understood the underlying problems and have found the roots of many of the boys' difficulties.

At times a group of boys would organize themselves as a committee to initiate each new boy. They would usually perform their activities late at night, would force the newcomer to undress and would hit him several times on the buttocks. If he rebelled, they would hit him, producing injured eyes, bruised arms, and torn clothes. Whenever we learned of such ceremonies we would have a group conference with all the involved parties, would try to point out the significance of their aggressive acts and would then be free of this initiation ceremony until an entirely new group would be on the ward. The boys justified these initiations by pointing out the initiation ceremonies in fraternity houses, and other organizations, and said that the ward gave them their only chance to be like fraternity boys in college.

Occasionally the boys organized groups such as the "Black Legion". Its avowed purpose was to "gang up"

on anyone giving information about property damage to nurses or physicians. However, this group was soon found to be assaulting only Jewish boys and the guilty parties acknowledged this, saying: "The Jews killed Christ".

*Types of Treatment:*²² It is our policy to keep our patients under observation for about four weeks, because often we are not able in a shorter period of time to determine whether or not a boy will be able to adjust in the community or (should he require institutionalization) to decide which type of institution should receive him. Often boys will behave themselves for a week or two and then manifest very serious anti-social conduct, similar to that which they had previously shown in the community. In contrast, some patients on admission are very sullen and unco-operative but soon adjust well on the ward and subsequently in the community. We feel that this is one fault in the average child guidance clinic, namely that the boy is seen only once or twice for an interview of an hour or two by the psychiatrist and then a decision is made as to his diagnosis and future placement.

The organization of the ward activities has been greatly facilitated by the Works Progress Administration and we have had athletic, dramatic, musical, dancing, art and remedial reading classes sponsored by various divisions of the W.P.A.; recently many of these projects have been taken over by our nursing personnel. In addition, we have two regular Board of Education Classes, to which we send our boys in small groups. Adolescent girls (who at present are being cared for with the quiet adult women patients) attend these school classes with the boys as we wish to duplicate as much as possible the school set-up which the

children face in the community. Adolescent problems are often concerned with sexual tensions or conflicts, and such symptoms as blushing, shyness, overassertiveness and flirting occur at this time. As these problems present themselves we then attempt to analyze them and to clarify these and other school problems for the patients, the teachers, and the parents.

(To be continued)

BIBLIOGRAPHY

1. Kennedy, M.: Nursing Education. *American Journal of Psychiatry*, 94, no. 1, pp. 345-353, September, 1937.
2. Wilgus, K. A.: Psychiatric Behavior Study. *American Journal of Nursing*, 31, no. 1, pp. 97-100, January, 1931.
3. Noyes, A. P.: Nursing Needs in State Mental Hospitals. *American Journal of Nursing*, 33, no. 2, pp. 787-798, August, 1933.
4. Bennett, A. E.: Modern Psychiatric Nursing. *American Journal of Nursing*, 39, no. 1, p. 395, April, 1939.
5. Thielbar, F. C.: Ward Teaching in a Mental Hospital. *American Journal of Nursing*, 34, no. 7, pp. 710-716, 1934.
6. Faber, M. J.: The Value of Psychiatric Nursing as a Method of Teaching Mental Hygiene to Students. *American Journal of Nursing*, 30, no. 1, pp. 69-75, January 1930.
7. Ingram, M. E.: Teaching the Social Side of Mental Nursing. *American Journal of Nursing*, 35, no. 1, pp. 330-332, April, 1935.
8. Patry, F. L.: The Challenge of Mental Hygiene to the Nursing Profession. *American Journal of Nursing*, 33, no. 1, pp. 327-331, April, 1933.
9. Taylor, E. J.: A Mental Hygiene Concept in Nursing. *American Journal of Nursing*, 32, no. 2, pp. 771-782, July, 1932.
10. Jones, D. R., Kennedy, M. L., and Shields, E. A.: Approaches to Psychiatric Patients. *American Journal of Nursing*, 38, no. 1, pp. 28-36, January, 1938.

11. Knight, R. P.: Why People Act the Way They Do. *American Journal of Nursing*, 38, no. 4, pp. 18-21, April, 1938.
12. Mather, V. G.: Psychiatric Aspects of General Nursing. *American Journal of Nursing*, 37, no. 11, pp. 1187-1196, November, 1937.
13. Bullard, D. M.: The Organization of Psychoanalytic Procedure in the Hospital. *Journal of Nervous and Mental Diseases*, 91, no. 6, pp. 697-703, June, 1940.
14. Bowman, K. M.: A Constructive Criticism of Certain Hospital Procedures. *American Journal of Psychiatry*, 94, no. 5, pp. 1141-1152, March, 1938.
15. Bender, L.: Mental Hygiene and the Child. *American Journal of Orthopsychiatry*, 9, no. 3, pp. 574-582, July, 1939.
16. Bowen, M.: Behavior Problems in the Hospital. *American Journal of Nursing*, 39, no. 1, pp. 636-639, June, 1939.
17. Stevenson, G. H.: Psychiatric Nursing Education. *American Journal of Psychiatry*, 96, no. 1, pp. 213-221, July, 1939.
18. Curran, F. J.: The Adolescent and His Emotional Problems. *Diseases of the Nervous System*, 1, no. 5, pp. 144-147, May, 1940.
19. Garrison, K.: Psychology of Adolescence. New York, Prentice Hall, 1934.
20. Curran, F. J.: Organization of a Ward for Adolescents in Bellevue Psychiatric Hospital. *American Journal of Psychiatry*, 95, no. 6, pp. 1365-1386, May, 1939.
21. Bender, L., and Curran, F. J.: Children and Adolescents Who Kill, *Journal of Criminal Psychopathology*, 1, no. 4, pp. 297-322, 1940.
22. Curran, F. J.: The Treatment of Juvenile Delinquency in Bellevue Hospital. In Press.

A New Post-Graduate Course

FANNY C. MUNROE

Beginning on May 1 the School of Nursing of the Royal Victoria Hospital, Montreal, is commencing another experiment in post-graduate education for nurses. Already post-graduate courses are available here in the Women's Pavilion and in the Montreal Neurological Institute. Now the clinical facilities of the operating rooms are being made available for operating room nurses wishing further education in their specialty. Always has it been the policy of the Hospital to welcome observers in the operating rooms but previously no definite course was offered. Such a course should demonstrate good teaching of student nurses, good working conditions, good operating room technique and management, as well as a good educational program for the post-graduate student herself. The clinical facilities

of the Hospital are such as to provide ample experience for both student and graduate. The total number of operations for 1940 was 7648.

To begin with, two post-graduate students have been accepted for a four-months period. Their course is definitely planned to include lectures in operating room technique and management; in anatomy; anaesthesia; pre-operative and post-operative care; in general surgery and in surgical specialties. Lectures will be given by nurse instructors, operating room supervisors, and by surgeons. Library facilities and time for study and recreation will be insured. Experience will be given in operating room management; in general surgery; in gynaecology; in urology, including cystoscopic examinations; in oto-laryngology, including bronchoscopic examinations; in

ophthalmology; and orthopaedics. Observation only can be offered in the neuro-surgical operating room, with experience in their dressing rooms, with practice not only in scrubbing for operations but in teaching students. It is also hoped to arrange some observation in special hospitals in the city. This entire course will be repeated three times yearly. The carrying out of such a program means that the post-graduate student is an expense to the hospital rather than an asset. Therefore the group to be admitted will be carefully selected. The applicant must be a high school graduate, a graduate of an approved School of Nursing, registered in the province where she has been working. She must have had a definite period of operating room experience following graduation. She must be recommended as having operating-room ability by the superintendent of nurses for whom she has been

working. She must present a certificate of health, including chest X-ray.

The course will be four months in length, and will commence on May 1, September 1, and January 1. A registration fee of Ten Dollars is required. Maintenance is provided but no monthly allowance is given. A diploma will be given on the satisfactory completion of the course. If not satisfactory, the nurse will be asked to withdraw.

The need for such a course in Canada has been shown by the many requests both from hospitals which are in need of experienced operating room nurses, and from nurses themselves who wish to become more competent. Good operating room nurses have never been too plentiful and the war has already depleted the supply. Some modification of arrangements may later be indicated but it is not intended to alter the educational content of the program.

King and Country

Recently a much overdue parcel arrived from Britain containing a delightful edition of "King and Country", which is a selection of some of the finest speeches and broadcast addresses made by members of our Royal Family and many of the great British statesmen during 1939 and 1940.

This book is a gift to the Canadian Nurses Association from the National Council of Nurses of Great Britain and was accompanied by the following message from its President, Mrs. Bedford Fenwick, Founder of the International Council of Nurses. This message reads as follows:

Presented to the members of the Canadian Nurses Association with affectionate

gratitude, from their colleagues in the National Council of Nurses of Great Britain.

This treasured gift is now in safe keeping at the national headquarters of the Canadian Nurses Association.

The members of the Canadian Nurses Association will be greatly touched by this mark of affection and thoughtfulness at a time when the President of the British Association must have very full, busy, and trying days. We are glad to express the thanks and deep appreciation of the Canadian Nurses Association through its *Journal* and to take this opportunity of letting the nurses of the Empire who are on duty in Britain know how much they are in our thoughts and prayers.

— G. M. F.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

In the history of the Canadian Nurses Association one finds repeatedly evidence of benefits derived from unification of effort in a common cause by the nurses of Canada.

At present the provincial associations of registered nurses are confronted with a problem that must be regarded as nation-wide, namely, the need for immediate attention to the stabilizing of nursing services on the home front under prevailing conditions. Many well-qualified members of the nursing staff of hospitals and public health agencies have enrolled for service with the Royal Canadian Army Medical Corps and the Medical Service of the Royal Canadian Air Force, therefore it is becoming difficult to secure similarly well-prepared nurses for the civilian positions thus left vacant.

The Executive Committee of the C.N.A., aware of the depleting effect upon nursing at home because of enrolment for military service and recognizing that organized nursing should accept responsibility in helping to overcome this problem, has recommended its early consideration by the provincial associations. In support of this recommendation and to secure effective action without delay, three important points have been brought to the attention of the federated units of the national organizations. These are:

1. That every effort be made to maintain the standards of entrance to schools of nursing as approved by the

Canadian Nurses Association. It would be disastrous to the future of nursing should entrance requirements be lowered or there be an unwarranted influx of students into the profession in order to secure sufficient personnel to maintain the nursing service of hospitals.

2. That a careful survey be made of promising nurses among junior members of staff and of those engaged in private duty and general nursing with the idea of encouraging them, also helping if necessary, to undertake post-graduate experience or study which would prepare them for special positions that must be filled by properly qualified nurses. As shortage of qualified staff will inevitably create an administrative problem for superintendents of schools of nursing and public health nursing organizations, their opinion and co-operation in this matter should be sought. Also Alumnae Associations of Schools, because of their more intimate knowledge of members in their respective groups, could be of much assistance in selecting promising nurses.

3. The provincial associations of registered nurses are reminded that the Canadian Nurses Association has earmarked a certain amount of reserve funds, to be utilized in the nature of loans and bursaries by graduate nurses who are desirous of promoting their professional standing in the interests of nursing service. Because of existing conditions, the C.N.A. hopes that the Provincial Associations will continue or

possibly increase their efforts in giving financial assistance to their members; also that Alumnae Associations will be able to share in this type of activity. The necessity for adequate preparation in order to give the very best service possible, in the field in which she is most suited, should be the individual responsibility of every nurse. This is important not only for meeting the present emergency but as an essential preparation for anticipated increasing demands for efficient nursing service for the future.

Although in recent issues of the *Journal* these *Notes* have referred to loans and bursaries offered by the C.N.A. we wish to reiterate that the Association is interested in helping nurses who are financially handicapped, in furthering their professional standing and a sum of money has been made available for this purpose. While a considerable amount has been made available for loans, funds for bursaries (cash grants) are limited. Therefore it is hoped that members of the C.N.A. who are in need of financial aid will apply for loans when possible rather than bursaries. The latter will be available to nurses who have demonstrated outstanding ability in administration, teaching or supervision, and who are anxious to prepare themselves for some particular position demanding special qualifications. The maximum amount for any one bursary shall not exceed \$300. while the maximum amount of any one loan shall be \$500. Information by those who are interested in furthering their professional development by aid of a loan or bursary and who wish to make application for such help should write to the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal.

Appointment of an Assistant to the Executive Secretary

The President of the Canadian Nurses Association, Miss Grace Fairley, has pleasure in announcing the appointment of Miss Maisie K. Miller as Assistant to the Executive Secretary, and that she will assume her new responsibilities on October 1.

Miss Miller is a graduate of the Moncton Hospital, Moncton, N. B. She has attended Mount Allison University for two years and McGill University for one year. In addition to supervision and teaching in her own school, Miss Miller has also had experience in the field of private duty nursing.

In 1938, the Canadian Nurses Association awarded the Florence Nightingale Scholarship to Miss Miller for a year of study in the Course for Nurse Administrators and Teachers in Schools of Nursing at Bedford College, University of London, and the Royal College of Nursing, London, England. When she returned to Canada at the conclusion of her year in England, Miss Miller was appointed assistant superintendent and practical instructor at the Victoria General Hospital, Halifax, N.S.

The appointment of an Assistant to National Office has been under discussion for sometime, and the Canadian Nurses Association is fortunate in having secured Miss Miller to fill this position.

Civilian Nurse Air-Raid Victims Fund

Contributions in aid of the Civilian Nurse Air-Raid Victims Fund, Great Britain, have been received from:

Alberta Association of Registered Nurses \$ 150.00

Registered Nurses Association of British Columbia	1000.00
Saskatoon Registered Nurses Association	210.79

Nova Scotia:

Military Nurses, Nova Scotia	\$21.95
Members of Halifax Branch, R. N. A. N. S.	9.75

Ontario:

A. A., Toronto General Hospital	100.00
A. A., Toronto Western Hospital ..	25.00
A. A., Wellesley Hospital, Toronto ..	67.50
A. A., St. Michael's Hospital, Toronto	25.00
A. A., Memorial Hospital, St. Thomas	52.00
Graduate Nurse Staff and Students, Toronto General Hospital	203.25
School of Nursing, University of Toronto, Students, Staff and Alumnae	28.25
Nurses of Sarnia	39.50
Three individual nurses, Toronto and Agincourt	17.25

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Nova Scotia:

A. A., Children's Hospital, Halifax	\$ 5.00
A. A., Glace Bay General Hospital	10.00
Staff and Student Nurses, Victoria General Hospital, Halifax	10.00
Colchester County Branch, R. N. A. N. S.	10.00
Victorian Order Nurses, Halifax ..	2.00

Ontario:

A. A., Guelph General Hospital	10.00
A. A., School of Nursing, University of Toronto	5.00
A. A., Toronto Western Hospital ..	10.00
District 4, R.N.A.O.	5.00
Nurses' Registry, Simcoe	5.00

Prince Albert the Place of Meeting

The twenty-fourth annual convention of the Saskatchewan Registered Nurses Association is to be held in Prince Albert on May 29 and 30, 1941, with Miss Ann Morton of Weyburn presiding. This invitation from fellow members in the northern part of the province to meet in Prince Albert this year is very welcome. The attractive setting and admirable arrangements are still very live memories to those who attended the convention in 1937. Owing to the courtesy of the Anti-Tuberculosis League, represented by Dr. Kirby, Superintendent of the Sanatorium, the meetings are again to be held at this centre—a very appropriate one.

At this convention Dr. Hope Hunt is

to be one of the chief speakers. Dr. Hunt succeeded Mrs. Rutter last year



Prince Albert Sanatorium

as head of the Department of Household Science at the University of Saskatchewan. As Dr. Hunt says, this will be her maiden speech in Saskatchewan, "off the Campus". Nurses are honoured by this fact and are glad of this opportunity to welcome Dr. Hunt to Saskatchewan. Dr. Hunt is not going to speak on calories or vitamins, but on something less obscure—on vital interests and problems shared by nurses and dietitians. It is to be an opportunity for an interchange of ideas. Hospital and school administrators and supervisors will have much to contribute to the discussion, and to gain from it.

Another stimulating item on the program will be the Round Table Discussion to be conducted by Miss R. M. Simpson on questions as varied as are professional interests. Those who felt that the time for the discussion last year was too short are asked to be there to "carry on". Questions sent to the Registrar of the Saskatchewan Registered Nurses Association in advance of the meeting will be included with appreciation.

It seems very fitting at this meeting held in Prince Albert, itself an historic centre, that the history of nursing should be the subject of an exhibit. This is to include a cap and book display. For the two latter contributions we are indebted to Messrs. J. B. Lippincott, Montreal. It is also hinted that the student nurses of the two Schools of Nursing in Prince Albert have a surprise in store for members who have not recently explored this very interesting field. The *Journal* committee, Provincial Sections, and other organizations have been asked to contribute. It is hoped that every School in Saskatchewan will be represented.

At this meeting momentous decisions are to be made. Plans are to be formulated for Saskatchewan's contribution to

the Canadian Nurses Association British Nurses Relief Fund; the stabilization of nursing services as recommended by the Canadian Nurses Association, and the part we are to take in this; the organization of the Provincial Nurses Association into districts. These and other matters for study are a challenge to *each* nurse to attend the Convention and to give her support and advice in these perplexing times—a special challenge to *young* nurses. Their future may be vitally affected by decisions made at the present. We have this in mind when we ask as many of them as possible to attend. May not this be one answer to the desire we all share in these days to "do something"? Is it not possible that *our* contribution may be the support of professional activities and the maintenance of interest in everyday events in these very difficult days?

The hospitality of nurses in Prince Albert is an outstanding memory of 1937. While full details of the arrangements are not yet available, a recent visit to Prince Albert gave assurance that nothing had been overlooked. Under the chairmanship of Mrs. Jean S. Harry, a committee representing the hospitals and members of the nursing profession has plans well underway—even for the weather and means of enjoying it. Arrangements for the annual dinner give promise of a pleasant surprise.

The date of the meeting has been set at a time when motoring should be very much in order, and a week-end at Prince Albert, at Waskesiu, or some other point of interest, may well be included. A copy of the program, with all particulars, will be forwarded to members later. In the meantime, we are grateful to the *Journal* for this opportunity to send a notice in advance to nurses in Saskatchewan, or to those visiting in the province, to "Be Prepared".

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Nursing Care for Racial Groups

MARGARET DUFFIELD

When we think of building up a program which will meet the needs of the many racial groups which have made this country their home, and who have brought with them from their native soil so many old traditions and ideas regarding health matters, it is no small responsibility to assume the guidance of the health situation which confronts us. It does not matter whether we are concerned with European or Oriental racial groups: the program should be the same, regardless of the race to which the individual or family may belong. Health is not selective, and the knowledge required for good nursing care is mostly simple and factual. The majority of persons of all races, once they have seen satisfactory results from a health service, are eager to get practical, authoritative advice from those who are trained to serve them.

In reading an article on public health nursing a short time ago, I found a quotation from Dr. Livingstone Farrand, of Cornell University, which says: "The part which public health nursing plays and must play in any organized effort to improve human vitality under modern conditions is now so obvious that it no longer needs argument. The problem is to increase its effectiveness". Following up this statement, and confining our

problem mostly to the Oriental health situation in British Columbia, what is being done in this province to give to our Oriental population an effective but simple program?

It has been realized in British Columbia that to meet the health situation, especially among the Oriental population, it is necessary to give to them health teachers of their own nationality. To do this, young Japanese and Chinese women were admitted to the schools of nursing in the Province for a complete training in the profession and practice of nursing. Some have also been encouraged to take the post-graduate course in public health nursing at the University of British Columbia, so that the whole subject of the application of preventive and curative nursing was made available to them for use in their approach to their own nationals. In this way, it is hoped that the language difficulty will be overcome and that the levels of living, of sanitation and hygiene, and the long hours of work will gradually be improved. It is expected that these nurses will act as the instruments of reform and, as one generation succeeds another, the individuals and families will recognize that they are makers of their own destiny and their old lack of education in this field will disappear. It is a time-worn adage that

in proportion as knowledge spreads in a community, disease and incapacity decline.

Dealing with the Oriental situation particularly, we find that they are the most difficult racial group with which we are in contact. All European racial groups are very amenable to the health instruction which they find in their adopted country and, in a very short space of time, can be brought into line with the educational plans for health which are given to them by the public health nurse in the schools, the clinic, and the home. When once they have a knowledge of the way of health, and of the causes and channels through which disease is spread, they co-operate with the general population and prove apt followers of the community health program. The Oriental, however, is a fatalist and still has many of the characteristics of the Dark Ages. Regardless of these difficulties and many others, we expect our school nurses, our tuberculosis nurses, and our Victorian Order nurses to spread knowledge and to break down these native inhibitions with the help of the service that is being given to them by their own countrywomen.

Within the past year, in the city of Vancouver, the Japanese nurse attached to the Victorian Order of Nurses has visited 126 Japanese families and has paid 1,083 home visits. She has also created several activities in the community, among them being a prenatal clinic to try and make the pregnant Japanese woman conscious of the need of medical supervision during this period. She has also been active in assisting the nurses in the services organized for this Metropolitan Health Area in their clinics, and particularly in interpreting and visiting many tuberculosis cases, active, suspects, and contacts, in company with the nurse in charge of the district. In this way, a closer contact is maintained with all

ages in the group. The same service is given by the Chinese nurse (who is supported by the Chinese Benevolent Association) to her nationals. The clinics for the control of tuberculosis, and the well baby clinics, are gradually being better attended as they become better known, and the follow-up work does not allow the patients, suspects, or contacts to be lost sight of. A typical month's activity carried on by the Metropolitan Health services of the city of Vancouver is tabulated as follows:

Japanese

Tuberculosis cases	71
Tuberculosis suspects	8
Tuberculosis contacts	130
Home visits	49
Babies attending Well Baby Clinic	25
Non-clinic babies visited	35
Pre-school children visited	190

Chinese

Tuberculosis cases	73
Tuberculosis suspects	7
Tuberculosis contacts	118
Home visits	39
Babies attending Well Baby Clinic	16
Non-clinic babies visited	20
Pre-school children visited	45

The Chinese nurse has also been active in promoting health services.

It is, however, to the second generation that we look for results. When they understand the necessity for early medical diagnosis and treatment of the sick, and the medical and social implications for the prevention of disease, we will feel that our services to the different racial groups are getting results. As in the individuals, so in the community, knowledge is the sheet anchor and the main approach to positive health. The Province of British Columbia, through its public health nurses, is endeavouring to meet the situation. It is encouraging to find that although the road is a long and dark one, especially as regards the Orientals, a light is faintly seen in the distance.

Public Health Nursing in a Japanese Community in British Columbia

EILEEN WILLIAMS

My first morning at Lord Byng Public School in Steveston was indeed a surprising one. Previously I had known that Steveston was a Japanese fishing village, but had no idea that at least four hundred of the five hundred students who attended the school would be Japanese.

Steveston is part of the Municipality of Richmond, which comprises Lulu Island and Sea Island. These islands, formed by the North and South Arms of the Fraser River just before it reaches the Pacific, are rich farming districts. Steveston occupies the south-west corner of Lulu Island, the larger of the two islands. Its Japanese population is between two thousand and twenty-five hundred with fishing as its most important industry. A few families live on farms, the father fishing in the summer and the mother tending the farm. There are several smaller settlements of Japanese on the island and one community on Sea Island. As part of the island is below sea level it is surrounded by dykes and it is along these dykes that the people live. Their homes are small frame buildings built in close proximity to each other with very little or no garden space. In some parts the houses are built on piles over the water. One cannery, Scotch Canadian, is built on a wharf about a quarter of a mile from shore and is reached by a small foot bridge. There are eleven canneries in Steveston, but today only five are canning fish. These are Winch, Great West, Phoenix, Imperial and Gulf of Georgia. The B. C. Packers' Cannery, (Imperial) is the largest cannery in the British Empire

and since the outbreak of war has worked steadily canning salmon, her-
ring, clams and oysters for export to Great Britain. This is the home of the famous "Clover Leaf" brand.

During the winter months the people have more leisure time. Any day you will find them before their fires making and mending nets, smoking and gossiping, the women knitting. In Steveston there is a very active Red Cross group for which the Japanese women do a great deal of knitting and sewing. The making of nets is a very intricate business and much time is spent on this work. Nets are becoming more and more expensive and much harder to get. Nets previously costing about two hundred dollars now cost three hundred dollars. The linen twine used is imported from Ireland.

The early spring is a busy season. The boats are made seaworthy and painted. The nets are made ready. Everywhere there is the smell of tar as the wooden buoys which keep the nets floating are tarred. From the time the fishing season opens, usually early in April, until it closes in November there are very few men to be seen in the village. They are out in their boats from Sunday midnight till Saturday noon. The fish are collected by the fish collectors who deliver it to the cannery. This is also a very busy season for the women. They work in truck gardens as berry pickers or weeding etc., and at the cannery. Then too, each family has its own little garden patch. It may be around the house, but more often it is a small strip of land somewhere nearby. Each house

has its pots of chrysanthemums and often a rowboat, past its first usefulness, is made into a flower box or a small vegetable garden.

With the formation in November, 1936, of the Metropolitan Health Committee for Greater Vancouver, Richmond had for the first time a full time public health service. A generalized program of school, child welfare and tuberculosis work is carried out. The first few months spent in Steveston four years ago can be laughed at now, but at the time they were not amusing. Class lists received from the teachers were nightmares. Just how did one pronounce such names as Shimako Niwatsukino and which were boys and which were girls? My first attempts to pronounce names were greeted with roars of laughter from the children. If one wished to visit Ryunosuke Kamitakahara how did one find his house? He lived at Imperial Cannery the class list said. Well, there were about a hundred families at Imperial Cannery, in houses almost identical. Some of the houses are numbered, but even so house number one and house number two are not next to each other.



Mending the nets

When the right house was finally found and one tried to explain who one was, there was more confusion—who was the school nurse and why did she come to the house? To-day the “Gawko kangofusan” is well known and welcome anywhere. The language problem presented the most serious difficulty, for although many of these people have lived twenty-five or thirty years here, “hello” and “goodbye” are still the only English they know. Imagine trying to make a mother understand that her child’s tonsils should be removed, when you couldn’t speak Japanese and she couldn’t speak English. However, an interpreter usually arrived from somewhere, hastily summoned by the good “okusan”. I have picked up a few Japanese words, but a little knowledge is a dangerous thing, for my two words will be the start of a long conversation which I don’t understand and have difficulty in stopping. Soon after I started to work in Steveston I was lucky to meet Miss Neta Sadler, a United Church missionary, who had just returned from five years in Japan and was stationed in Steveston. She taught me how to pronounce Japanese names, and once you know how it is very easy. On many occasions she has acted as interpreter and has helped make our work here successful.

On the whole the Japanese are very willing to co-operate. When the Metropolitan Health Committee took over, the children had many defects; for previous to this there was only a part time medical health officer to do the work, with nobody to point out defects and explain the conditions found. To-day practically all these defects have been attended to. If you say tonsils must come out they are removed almost immediately. I remember a visit made to

PUBLIC HEALTH NURSING

tell the parents that one of their children needed glasses. The father said he'd get them, he was sorry he was too busy to go to-day, but would to-morrow do?

At present our biggest problem is defective teeth. From the time a Japanese baby is able to take solid food, candy becomes a part of the diet. Every day one sees them walking down the street clutching their bags of candy. Unfortunately, milk has but a very small part in their diet; the children do not like milk and are not made to drink it. However, more milk is now being used in the homes and much of the credit must go to the teachers in the public school. There is a school dental clinic and many of the families take advantage of it. Most of the children now receive treatment, but their teeth are so poor that further treatment is constantly required.

Communicable diseases are another source of worry. The diseases spread rapidly, owing to the closeness of the houses. Then too, the parents do not object to their children being away from school, but do not keep them at home and away from the neighbours. A close watch has to be kept to see that children sent home from school are not attending Japanese language school. The language school presents another problem for, although not compulsory, most of the children attend it for an hour and a half after regular school. As many of them have several miles to walk home this leaves very little time for play before an early bedtime. Each year diphtheria toxoid and vaccination clinics are held and scarlet fever toxin has been given for several years. The response has been marvelous and practically every child in the school has been immunized.

A baby clinic is held monthly which both the white and Japanese mothers



A colourful procession

attend. Here the Japanese mother is taught how to feed her baby properly, and since most of them are the young second generation Japanese, they are very willing to co-operate and to give their babies cereal, cod liver oil, orange or tomato juice and vegetables. Sometimes, however, the young mother is unable to do this because the old woman, who is the head of the house, thinks this is all foolishness and that the old ways are best, and forbids her daughter to try this new way.

Both the United and the Roman Catholic Churches do missionary work in the community. Although a great many of the people are Christians many still follow Buddhism, the religion of their forefathers. In connection with these missions are kindergartens for the pre-school group; the United Church takes children from four to six years of age; the Roman Catholic Church has a day nursery as well as the kindergarten. All Japanese children entering grade one of the public school must have had at least two terms at the kindergarten. The public health nurse visits each kindergarten monthly, and school regulations regarding communicable diseases

are followed. Each year any children who have not had diphtheria toxoid are given the opportunity to have it; however there are very few who have not had it by the time they start kindergarten. At the United Church kindergarten each child brings a lunch in his "obento" box, this is not always an ideal lunch, usually there is candy and sweet sticky cookies. We find now that there is a growing tendency to bring more fruit and less candy. We hope to be able to give milk to these groups, but at present they prefer hot water.

We are lucky in having a young Canadian born, Canadian trained Japanese doctor in Steveston, at the Fishermen's Hospital. Each week he holds a prenatal clinic and is trying to teach the young mothers the importance of a proper diet during the prenatal period.

Tuberculosis visiting is also done but we feel that this is the one branch of the program that has not been wholly successful. The Japanese are terrified of the very name. Unfortunately they will not co-operate and when a diagnosis of tuberculosis is made they will often

leave their doctor and make the rounds of irregular practitioners hoping to find one who will make a more attractive diagnosis. Then they go away quite happy and spread the disease in the community. This is the one time I am not made welcome. There is a social stigma on those who have the disease and they do not wish the neighbours to know. I am asked not to visit and even those who wish to co-operate prefer to visit me rather than have me call at the home. The problem is definitely educational: not only to teach the people who have the disease how to care for themselves, but to teach the whole population that tuberculosis is not to be hidden and kept in the dark, but to be brought into the open and fought.

One cannot speak of the Japanese people without commenting on their hospitality and generosity. They like to serve Japanese tea and their little cakes made of rice, soya beans and chestnuts when you visit them. Often a present is waiting for you. This may be a fresh spring salmon, a pot of chrysanthemums or a lovely Japanese doll.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Dorothy Pauin, a graduate of the Vancouver General Hospital and of the public health nursing course at the University of British Columbia, has been appointed to the staff of the Vancouver Branch.

Miss Phyllis Bronson, a graduate of the school of nursing, University of Toronto, has been appointed to the Halifax Staff.

Miss Bessie Harris, a graduate of the Royal Jubilee Hospital, Victoria, B. C., and of the public health nursing course at the University of British Columbia, has been

appointed to the Vancouver staff.

Miss Harriet Jean Brown, a graduate of the school of nursing, University of Toronto, has been appointed to the Toronto Branch.

Miss Eleanor Webster has been transferred from the Border Cities staff to take charge of the Branch in Orillia.

Miss Isabel Black has been transferred from the Orillia Branch to take charge of the Branch in Kingston.

Miss Grace Ewing, who was relieving temporarily in Kingston, has returned to the Ottawa Branch.

Mrs. Harrison, formerly Dorothy Cotton, has resigned from the Westbank Branch to join her husband in Saskatoon.

Nursing Diabetic Patients

LILLIAN A. CHASE, M. D.

Qualities needed in a nurse who is responsible for the care of diabetics are *quickness*: she must act quickly in a coma case, or when the patient has a reaction; *observation*: she is there alone with the patient and has to decide whether the patient is having a reaction or not. The one test for hypoglycemia is a blood sugar estimation — but who is going to do that for the nurse at 3 a.m.? She must have a sense of order in keeping charts and records, and a love of teaching, for she must teach the patient or, if she is a supervising nurse, she must teach her pupils.

Diabetic coma is a dramatic condition requiring prompt action on the part of doctors, nurses and laboratory technicians. The diagnosis may be made before seeing the patient by smelling the pervasive acetone odour. If the ward nurse receives word by telephone that a coma case is being sent in she should have ready a warm bed because the patient's temperature is usually subnormal. Materials for taking blood for blood sugar estimation should be assembled together with insulin and an intravenous set with plenty of normal saline solution. As soon as the blood sugar is taken, the insulin should be given and then the normal saline should be started. In less than 15 minutes these things should have been done and the saline should be running in. The rush is now over and there is little to be done for the patient until the second blood sugar is taken four hours after the first one.

Since the patient is unconscious he cannot void. It is not good practice to catheterize the diabetic because infection is very easily carried into the blad-

der; as the patient returns to consciousness he will void. Information obtained from the urinalysis will add little to that obtained from the blood sugar estimation. The first blood sugar is usually between 400 and 500 mgs. percent. Since the sugar in the blood is already too high I do not use glucose in treating coma cases. The great need of the patient is fluids and as much as 5,000 c.c. of normal saline may be needed. It can be run in quite rapidly because every tissue in the body is dehydrated.

The insulin used in coma is the unmodified, or what is now labeled "Insulin-Toronto". Protamine zinc insulin may also be given at the same time, but since this does not take effect till four hours after it is given we rely on the unmodified insulin to act immediately. Different doctors will have different ways of giving the insulin, but I like to give an initial dose of 50 units of unmodified insulin in the average coma case. Some give a dose of protamine zinc insulin at the same time.

At the end of four hours consciousness should be returning to the patient, he will be less dry, and he may have voided about 20 ounces of urine. This urine will have about 4 percent sugar, much acetone, and usually a trace of albumen. Another blood sugar is taken, which may be about 250 mgs. percent, four hours after insulin was given. The doctor decides whether to order more insulin or not. Fluids must be given liberally, until the patient's tongue shines. If the patient's temperature is not subnormal when he is in coma, infection must be looked for. The commonest diabetic infection is cystitis or pyelitis.

Hot water bottles, if used on the diabetic, must be used with the greatest care. The wise nurse will use them only on the doctor's written order. The reason the hot water bottle is dangerous to the diabetic is because the peripheral circulation of the elderly diabetic may be poor. In the young diabetic the danger of hot water bottle burns and diabetic gangrene is not so great.

Points on giving insulin worth noting are: first, the nurse should note what *kind* of insulin, next what *strength* of insulin is ordered. There are only two kinds made in Canada; the unmodified insulin or the plain insulin; or insulin-Toronto made from zinc crystals. This takes the place of the original insulin that was put up in packages with a blue label 20 units per c.c.; a yellow label 40 units per c.c.; a green label 80 units per c.c. The labels are now all grey, with the printing done in different colours for different strengths. The 40 unit strength is the one most commonly used.

The protamine zinc insulin does not act till four hours after it is given and may continue to act for thirty-six hours after. It is given in larger doses than the unmodified insulin. In any dose requiring more than 40 units the 80 unit per c.c. strength should be used. Insulin is always measured in units and never in c.c. The spot where the insulin has been given should be deeply pressed with the thumb so the insulin will be dispersed and no hard lumps formed. If this is done faithfully and thoroughly no fibrous tissue will form. In charting the dose of insulin Roman numbers should never be used.

Bladder and kidney infection is the commonest diabetic complication. It does not seem to injure the patient much but it is most difficult to clear up. One of the most serious complications is diabetic gangrene. It can start as an in-

nocent-looking ulcer on a toe and end with a mid-thigh amputation.

Diabetic patients should be taught care of the feet. All symptoms referable to feet are serious. Pain in the feet may be due to hypoglycemia or to diabetic neuritis or to gangrene. Gangrene is due to the blocking of the arteries to the leg. Buerger's exercises are very useful in treating foot pain due to impaired circulation. Elevate the feet on four pillows for one minute; hang the feet over the edge of the bed for one minute; keep feet horizontal on the bed for one minute. Repeat this three times daily, increasing each movement one minute until fifteen minutes is reached.

Testing the urine is very often done by the nurse. Always let the test cool before it is read. If there is any green or blue above the yellow precipitate the test should be marked one plus. I find nurses inclined to mark a test two plus which after cooling turns out to be just one plus.

Vomiting in a diabetic is always an emergency: acidosis can develop very fast. Contrary to expectation, vomiting increases the need for insulin. A diabetic patient without complications seldom requires hospital care. He is treated as an office case by the doctor, hence the nurse sees only the more severe cases. Caring for diabetics is satisfying because they tend to recover. It is not the diabetes that kills them but a complication. Recent work on animals has revived the idea of a cure for diabetes. This would seem to be a possibility in young patients who have completed growing and who keep sugar free.

Editor's Note: This article was obtained for the *Journal* by the publications convener of the General Nursing Section of the Canadian Nurses Association.

STUDENT NURSES PAGE

Learning about Tuberculosis

MARGARET GOLDIE, MARY WUJEK and MARGARET DUNN

Student Nurses from Cape Breton Island

Since we have subscribed to *The Canadian Nurse*, we as student nurses, have found that it has bridged the gap that separates us by distance. We have become acquainted with you through the Student Nurses Page and spent many interesting moments reading about your work and special interests. We thought that you would be interested in some of our progress in nursing way down in this little Island of Cape Breton, we are going to tell you about the new tuberculosis unit of St. Joseph's Hospital, Glace Bay, and our affiliation.

The Tuberculosis Unit was erected as part of the program of the Department of Health for control of tuberculosis. Situated to the rear of the nurses residence, the Unit commands a wide view of the Atlantic Ocean and the town of Glace Bay. The first floor contains the kitchen, linen and store room, the clinic department, and the pneumothorax room. There are also two examining rooms, a waiting room, an office for the public health nurse, and an office for the doctors.

The Unit accommodates about forty-four patients. On the second and third floors are two wards, each containing four beds, six rooms containing two beds, and one single room. There are

also utility rooms, a diet kitchen, and nurses' dressing room. On the top floor there is a large attic which, at present, is not being used, but which would make an ideal recreation room for the patients. The windows are equipped with Venetian blinds thus giving a sunny appearance. The beds are supplied with bed lamps and radio connections which add to the convenience and comfort of the patients.

All student nurses are given two months training in the Tuberculosis Unit in their second year. Six weeks are taken up with general nursing, and the other two in special training. During these two weeks we have a fine opportunity of visiting homes around our own town of Glace Bay and of seeing the conditions and progress of social work through with Miss Brophy, who is a very industrious and zealous public health nurse.

The general routine is different in the Unit than in the main hospital. Nurses are taught the importance of wearing gowns and masks while caring for the patients. All work is done on schedule and is very much the same, day after day. Each morning, from nine until eleven, the patients have absolute rest. During this time, not even the

nurse is allowed to enter their rooms, nor are they allowed to read or indulge in amusements. This period of absolute rest is repeated in the afternoon.

The course in theory covers a series of lectures on the following subjects: history of tuberculosis; anatomy of chest and structures commonly affected; surgical cases, and their operative care; tuberculosis from the viewpoint of the Department of Public Health; tuberculosis in the home. These lectures are enriched by the showing of gripping films such as, "Behind the Shadows", and "Let My People Live", also by the

showing of radiographs and assisting with clinics.

Unselfishness and generosity are shown in the sincerity of effort by the medical staff and teachers. Our teachers include Dr. C. J. Beckwith of the Medical Division, Dr. J. A. MacDonald, Dr. J. R. MacNeil, and Dr. Corbett, part-time workers of the Unit, Miss Brophy, our public health nurse for Glace Bay, and the superintendent of the Tuberculosis Unit, Sister Alexandria. As this affiliation is just a year old, we hope at a later date to write you more about its growth and success.

Obituaries

On March 2, 1941, at Carleton Place, Ontario, the death occurred of Mary Ann Catton, an outstanding pioneer member of the nursing profession in Canada. Miss Catton was a mem-



ber of a distinguished family and liked to recall that her great grandparents on the maternal side had been present at the wedding of Napoleon. Miss Catton's parents made their home in Lachute, Quebec, and she was educated at the Lachute Academy and the Boston Technical School. She received her professional training at the School of Nursing of the Boston City Hospital, and later took post-graduate work in administration at the same hospital, graduating with honours. Miss Catton served as supervisor of the medical wards in the Boston City Hospital for four years and, in 1909, was appointed superintendent of nurses in the Lady Stanley Institute for Trained Nurses of the County of Carleton General Protestant Hospital, in Ottawa.

After rendering outstanding service in this capacity for thirteen years, Miss Catton resigned in 1922. Throughout her professional career and even after her retirement Miss Catton was always

actively interested in nursing organizations. She was the first president of the Florence Nightingale Association of Ottawa and later took a prominent part in the organization of the Graduate Nurses Association of Ontario. She also took a special interest in the Canadian Association of Nursing Education, especially in connection with the department of nursing education in the *Journal*. Miss Catton served as a councillor of the Canadian Association of Nursing Education from 1916 to 1918. In 1921, she became third vice-president and in 1922 was elected to the office of president.

Miss Catton was a close friend of the late Dr. Maude Abbott and they were both present at the unveiling of a tablet in Christ Church, St. Andrews, Quebec, dedicated to the memory of Miss Catton's father who had been warden of the Church for many years. Miss Catton possessed considerable artistic talent and, in her later years, found time to write short stories, essays, and poetry. She will long be kept in affectionate remembrance by her former pupils and her many friends.

MARION L. C. MAGEE died on February 20, 1941, in Wolfville, Nova Scotia. Miss Magee was born in Saint John, New Brunswick, and served overseas as a V. A. D. from 1915 to 1920. On her return to Canada she acted as organizing secretary to the St. John Ambulance Association until 1921, when she entered the School of Nursing of the Children's Memorial Hospital, Montreal, graduating with the Class of 1923. Subsequently, Miss Magee spent several years in Indianapolis, following her chosen work in obstetrics. In 1934 she was appointed head nurse in one of the obstetrical departments of the Woman's Hospital, Detroit, where she remained until January 1939, when she became director of the Madge Sibley Hoobler Convalescent Home, a position which she filled with dignity and success.

HENRIETTA BLACHFORD, of Lytton, British Columbia, died on March 12, 1941. Miss Blachford was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, and a member of the Class of 1925.

An Open Letter

To my Friends:

The announcement made by way of the advertisement (in *The Canadian Nurse*) for my successor as Registrar of the Registered Nurses Association of British Columbia has brought me an overwhelming number of letters wishing me happiness in my future life and regretting my retirement from an office which I have held for twenty-

three years. I hope to answer these letters personally but, since it will be June before I leave my work, I felt that, thanks to the editor's kind offer, I might first thank each of you through the *Journal*.

Having been in touch with Canadian nurses both in 'the making', as during my years at the Royal Victoria Hospital, Montreal, and in Associations since

1914 I have been in contact with so many of you, and it is a very great pleasure and pride too, to see how the nurses of Canada have gone forward during this period. It will help me to enjoy the years of retirement which may be granted me to have so many

happy memories, and to recall the kindness shown me during this long professional life. Again thanking you and appreciating your letters so very much — may I wish you all the "forward" way, professionally and in your personal lives.

HELEN RANDAL, R. N.

O.N.S.A. News — Letter

This month we are happy to report that donations for the British Civilian Nurses Fund are coming in well as is shown in the report of the secretary-treasurer attached hereto.

You will remember that in the early autumn suggestions were received from Calgary and Winnipeg that all units join in a concerted war effort of some kind. Calgary suggested a surgical unit or other necessary medical equipment. Winnipeg suggested a mobile unit of some kind. These suggestions were sent for consideration to the seventeen units which compose the Overseas Nursing Sisters Association of Canada, accompanied by a recommendation from your national executive in Montreal, that we raise a fund to aid the British Civilian Nurses.

When the replies came in thirteen of the seventeen units approved of the recommendation of the executive committee. Of the remaining four, one was at first opposed to the recommendation, but has now sent us a generous donation. One, although sympathetic to our suggestion, had already begun to raise money for a mobile unit and felt they must continue. One was unable to contribute and one has not yet replied. It has been the desire of your executive here to carry out the wish of the majority of the units. We regret that all do not see

eye to eye with us but realize that this is inevitable. All are doing valuable work and we wish them all success in their own undertaking.

F. MUNROE,
President.

As our President has announced, contributions have been coming in from member units across Canada freely and generously. As several units had not reached their objective upon the date suggested (March 31), the Executive Committee decided to keep the fund open until April 30, and all member units were so notified on April 2. The following subscriptions have been received to date from various units, several of which are still collecting and expect to have further amounts to forward on time: Calgary \$105, Edmonton \$500, Hamilton \$200, Kingston \$35, London \$50, Montreal \$329, Ottawa \$80, Regina \$120, Saskatoon \$80, Vancouver \$100, Victoria \$103, Windsor \$40. A total of \$1742. is thus on hand as this letter goes to press on April 7.

News from the *Winnipeg Unit* reports that \$450. has already been collected for a mobile unit and a drive organized through which \$350. more is anticipated. In addition to other accomplishments, 13,833 articles have been made and contributed to the Red Cross Society. The *Vancouver Unit* recently held its twenty-first annual meeting. Increased war work was recorded and the proposal to send assistance to our British sisters was unanimously endorsed. The *Regina Unit*,

with a membership of twenty-one, meets monthly at the home of various members and in between times the members knit for the Red Cross. The sixteen town members raised their contribution for the British Civilian Nurses (one hundred and twenty dollars) through a successful tea party. The members of the *Montreal Unit* have knitted 229 articles and donated \$107. for the mine sweepers and the Merchant Navy, this work being conducted by a committee of five, duty being taken each week by one member in connection with the Overseas Parcels League through which these articles are shipped. Wool used in this work to the value of almost \$200. was also contributed. The *Hamilton Unit* of twenty members raised their contribution by a bridge which, while being a decided financial success, proved also to be a happy social event. The response from the *Edmonton Unit* was most spontaneous. A membership of thirty-one courageously pledged \$125., contributed \$500., and advise us that more is to follow. The

Calgary Unit, with a membership of thirty-five, has also extended spontaneous co-operation and a most generous contribution.

We regret to record the loss by death of Miss Anna L. Bruce and Miss Sarah Heaney, members of the Vancouver Unit.

Four Units report a change of officers: *Vancouver*: president, Miss Jane Johnston; secretary, Mrs. B. M. James; *Regina*: president, Mrs. D. C. Fyffe; secretary-treasurer, Mrs. P. Harradance; *London*: president, Mrs. J. A. M. Campbell; secretary-treasurer, Mrs. W. L. Mara; *Kingston*: president, Miss Maude Abernethy; secretary-treasurer, Miss Olivia M. Wilson.

Members are reminded that News-letters appear in *The Canadian Nurse* regularly every second month and that all material must be on hand by the first day of the previous month.

E. FRANCES UPTON,
Secretary-treasurer.

NEWS NOTES

ALBERTA

PONOKA:

A special meeting of Ponoka District, No. 2, A.A.R.N., was held recently at the Provincial Mental Hospital, with 22 members present. Miss M. McLean was appointed as delegate to the A.A.R.N. annual meeting. After the business meeting the members attended a motion picture entitled "Not Peace but the Sword", held under the auspices of the occupational therapy department, and in aid of the Civilian Nurse Air-Raid Victims Fund in England.

Miss Edith Kemp recently left for Montreal to take a post-graduate course in neurology at the Neurological Institute, Royal Victoria Hospital. Miss Helen McCauley has taken her place as assistant superintendent of nurses at the Provincial Mental Hospital.

Miss Dorothea Kachell left recently to take a position at the Prelate General Hospital, Saskatchewan.

LETHBRIDGE:

At a regular meeting of Lethbridge District No. 8, A.A.R.N., held recently at St.

Michael's Hospital, the main topic of discussion was the provincial annual meeting. It was agreed that at each meeting members would bring a voluntary donation towards the Civilian Nurses Air-Raid Victims Fund.

The following members have been appointed to the staff of St. Michael's Hospital during the past year: Miss K. Haugrud, St. Paul's Hospital, Saskatoon; Miss B. Forsyth, Holy Cross Hospital, Calgary; Miss R. L'Heureux, Vegreville, General Hospital; Miss M. McCulloch, Holy Cross Hospital, Calgary; Miss P. Brown, St. Boniface Hospital, Winnipeg; Miss E. Lazechko, St. Boniface Hospital, Winnipeg; Miss C. Roy, St. Boniface Hospital, Winnipeg; Miss J. Doree, St. Paul's Hospital, Saskatoon; Miss M. Millar, Holy Family Hospital, Prince Albert.

Married: Recently, Miss Hazel Watson (Galt Hospital, Lethbridge) to Mr. William Malnison.

EDMONTON:

The Alumnae Association of the Royal Alexandra Hospital School of Nursing recently entertained at a banquet in honour of

the Class of 1941. Forty-six graduates and many out-of-town members were present. Miss L. Einarson, the president, was in the chair, and introduced the guest speaker, Mrs. J. C. Garrett, who gave a descriptive talk on "Travels in Europe, 1938-40". Mr. Jerry Forbes entertained the gathering with vocal solos, and the nurses joined in a sing-song.

The following graduates of the Hospital are doing post-graduate work: Miss Jean Davidson, Chicago University; Miss Irene Toby, McGill University; Miss J. Bullock, New York Hospital; Miss E. Cotton, Toronto University; Miss E. James, Toronto University; Miss E. Jones, New York Hospital; Miss F. Ferguson, Children's Memorial Hospital, Montreal; Miss J. Stuart, Children's Memorial Hospital, Montreal; and Miss A. Culshaw, Margaret Haig Maternity Hospital, New Jersey.

BRITISH COLUMBIA

VANCOUVER:

Vancouver Graduate Nurses Association:

An experiment is being undertaken by the program committee of the Vancouver Graduate Nurses Association this year which got under way at the meeting in St. Paul's Hospital on March 12. Miss A. Reid, convener of the program committee, presented an outline of the experiment. She explained that under the stress of war conditions, it would be well for us to draw on our own resources and experiences to broaden and widen the scope of our ideas and to stimulate interest in nursing subjects and problems among as many members as possible. Many nurses have availed themselves of post-graduate study, others have gained knowledge in various branches of nursing and all are interested in the scope of nursing. Thus by arranging a series of round table discussions, open forum, and the like, the committee hopes to draw on most of the members throughout the year. To lead off, a panel discussion on post-graduate courses was held. Miss Henderson, Miss Rowell, Miss Creelman, and Miss Buchanan each gave a vivid word picture of courses they had taken. Miss Reid directed the discussion and brought out the highlights and the low lights of these courses. Miss Nelson then produced a fund of information concerning most of the courses that can be had in Canada. Open discussion followed and when the meeting closed all went home with a newer and keener interest in the advanced study of nursing.

Married: Recently, Miss Phyllis Eleanor Dalton (Nicola Valley General Hospital, Merritt, 1935) to Mr. James Pettigrew Brown.

Married: Recently, Miss Joyce Gwendoline Docker (V.G.H., 1930) to Pte. Harold Jones.

Married: Recently, Miss Frances Maude Lewis (V.G.H., 1940) to Mr. Arthur Henry Ogilvie.

Married: Recently, Miss Catherine Yorston (V.G.H., 1937) to Major Robert Hunter.

NOVA SCOTIA

HALIFAX:

A regular meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Grace Hospital. The evening was devoted to a review and discussion of the activities of the war effort committee as follows: The home nursing teaching course given to graduate nurses who volunteered to teach home nursing; the first aid course for graduates; organization of a voluntary nursing staff personnel for the Red Cross emergency preparedness organization of hospital units, to be ready in the event of a disaster in Halifax; a refresher course in emergency operating-room technique; organization of a corps of graduate nurse instructors to teach home nursing; study of a possible establishment of an auxiliary nursing corps in Nova Scotia. Plans were made for a method of collecting regular donations from members for the Civilian Nurses Air-Raid Victims Fund. A social hour followed.

KENTVILLE:

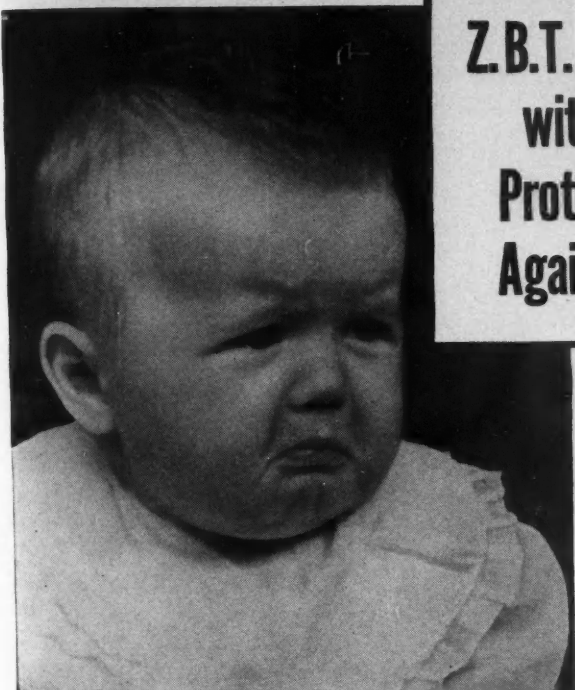
A well-attended meeting of the Valley Branch, R.N.A.N.S., took place recently at the Nova Scotia Sanatorium, with the president, Miss A. E. Richardson, in the chair. A sing-song, led by Miss Margaret Cochran, was much enjoyed. Mrs. Hope Mack read an interesting paper on nursing education, taken from the summary of the Curriculum, and the report by Miss Agnes Macleod given at the biennial meeting. Refreshments were served by the charge nurses of the Sanatorium staff.

Miss Marguerite Hartlen has recently been called for nursing service with the R.C.A.F.

SYDNEY:

A regular meeting of the Cape Breton Branch, R.N.A.N.S., was held recently at St. Rita's Hospital, with the president, Miss Rhoda F. MacDonald, in the chair. The Rev. J. B. Nearing addressed the group on the art of living, and his talk was much enjoyed.

A report on nursing education and curriculum activities was given by Sister Mary Peter of St. Joseph's Hospital, Glace Bay, and Miss Olive MacPhee reported on public health activities. Mrs. Alex MacDonald reported on a meeting of private duty nurses held in Halifax, under the convenship of Miss Frances M. H. Brown, and the treas-



Z.B.T. Baby Powder with Olive Oil Protects Better Against Chafing

**Z. B. T. is ideal for promoting the
healing of infant skin discomforts**

THE moment you rub Z.B.T. between your fingers you can tell how effectively it acts in tender skin folds. Because of its superior "slip," its silky-smoothness, Z.B.T. with Olive Oil gives far better protection against chafing.

Z.B.T. Baby Powder with Olive Oil is resistant to moisture, long-clinging. It forms a soothing, cooling, moisture-resistant film that guards against the irritating effects of wet diapers and perspiration.

Try Z.B.T. Powder at our expense. See for yourself why it does so much more for baby skin—baby comfort. Clip the coupon below for free professional package.



FREE! The Centaur Company, Dept. D-51
1019 Elliott St., W., Windsor, Ont.

Please send free professional package of Z.B.T. to:

Name

Address

City Prov.

urer's report showed that the finances of the branch were in good condition.

Miss Elsie Dakai has joined the staff of the Cape Breton public health unit.

ONTARIO

DISTRICT 1

LONDON:

The Ontario Branch of the Canadian Red Cross Society were sponsors of a refresher course for graduate nurses recently held at the University of Western Ontario. Over 30 nurses who had conducted classes in home nursing in their various districts participated, and found the course interesting and profitable. Hourly lectures were delivered throughout the day by the doctors and nurses of the University Faculty of Public Health. The course included lectures on the psychology of learning, recent advances in medical treatment, and preventable diseases. During the discussion and demonstration periods, members outlined methods used in their locality, while the London nurses gave practical demonstrations of teaching at the Central Collegiate Institute and Victoria Hospital. Credit should be given to the excellent work of Miss M. I. Walker who organized and directed the course. It is the hope of all the nurses that a similar, if not more extensive course, will again be conducted next year.

CHATHAM:

The St. John Ambulance Course in first aid organized in Chatham and conducted by Dr. W. Charteris, was completed recently by Sister St. Joseph, Sister Valeria of St. Joseph's Hospital, and Miss Anne Kenny and Miss Evelyn Cadotte, graduates of St. Joseph's Hospital.

WINDSOR:

A refresher course for graduate nurses teaching Red Cross home nursing classes was held recently at Hotel-Dieu, with 41 in attendance. The lecture on the psychology of learning, given by Sr. Maitre, dealt with the laws of suggestion, the disciplining of memory, achievement, success, failure, and defeat. Miss Marjorie McCutcheon (V.O.N.) gave the second lecture on the psychology of teaching. In the evening Mrs. Dix, supervisor of the operating room at Grace Hospital, gave practical demonstrations in the teaching of a class.

SARNIA:

At a mass meeting of nurses, recently held in Sarnia in aid of the Civilian Nurses Air-Raid Victims Fund, Miss Siegest was

appointed chairman, and Miss Heffron secretary. In aid of the Fund, Mrs. W. B. Carruthers offered her home for bridge, and Mrs. Ellenor entertained the nurses at a social evening.

The nurses registry for general nursing is sending two delegates to the provincial annual meeting.

Sarnia General Hospital:

The graduating class of the School of Nursing of the Sarnia General Hospital recently held a tea in aid of the Civilian Nurses Air-Raid Victims Fund, the room being decorated with flags, miniature planes, and boats. Miss Shaw and Miss McPhedran received the guests, and Miss McFarlane and Miss O'Malley poured tea, while the members of the class served the guests.

Married: Recently, Miss Evelyn Heal (S.G.H., 1940) to Mr. Ray Daley.

Married: Recently, Miss Evelyn Weaver (S.G.H., 1940) to Mr. Francis Sparling.

Married: Recently, Miss Alma Fulcher (S.G.H., 1939) to Mr. Ross Luckhurst.

DISTRICTS 2 AND 3

GUELPH:

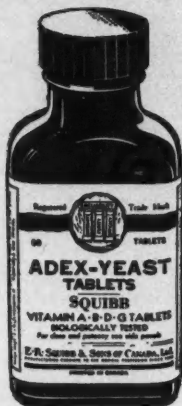
A one-day refresher course for public health nurses was held recently at the Ontario Agricultural College, Guelph, with Miss Minnie S. Hackett, chairman of the public health section, Districts 2 and 3, R.N.A.O., presiding. At the morning session Professor R. G. Knox of the department of animal husbandry, Ontario Agricultural College, spoke on the food market situation in Canada from the producer's standpoint, with particular reference to the consumer's responsibility. At the luncheon meeting, Dr. G. I. Christie, president of the College, spoke of the surpluses in Canadian food output. Other speakers were Dr. H. D. Branion of the department of animal nutrition, and Miss Mabel Sanderson and Miss Mayme Kay, both of the Macdonald Institute. Visits were made to the green houses, the cold storage houses, department of horticulture, and the food laboratories at Macdonald Hall.

BRANTFORD:

Brantford General Hospital:

At a recent meeting of the Alumnae Association of the Brantford General Hospital, \$25. was voted to the British Fire Fighters' Fund. The members of the Florence Nightingale Club were guests at a social hour which followed. Miss Edna Lewis, convener of Red Cross work for the Alumnae Association, reported that many knitted garments

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE...



ADEX-YEAST

Squibb Vitamins A, B, D and B-Complex in stable, tablet form, chocolate-coated. These tablets produce no flatulence, leave no oily taste. An economical vitamin supplement for routine use during the winter months and in pregnancy.

VIGRAN

Capsules A, B, C, D and B-Complex. Each small, easy to swallow capsule contains not less than:

- 10,000 Int. U. Vitamin A
- 200 Int. U. Vitamin B₁
- 500 Int. U. Vitamin C
- 1,000 Int. U. Vitamin D
- 100 Micrograms Riboflavin
- 18 Micrograms Pyridoxine (B₆)
- 5 J.L. units Filtrate Factors
- 5 Milligrams Nicotinic Acid



For convalescents, patients on restricted diets, malnourished children or for children or adults whose diets do not provide adequate vitamins.

How supplied:

ADEX-YEAST
In bottles of
80, 250 and 1,000

VIGRAN
In bottles of
25, 50, 100 and 250

For literature write 36 Caledonia Road, Toronto

E·R·SQUIBB & SONS OF CANADA, Ltd.
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

CHILDREN'S MEMORIAL HOSPITAL

Montreal, Canada

POST-GRADUATE COURSE IN PAEDIATRIC NURSING

A six-months course is offered to Graduate Nurses which includes theoretical instruction, organized clinical teaching and experience in the following services:

**MEDICAL,
SURGICAL,
ORTHOPAEDIC,
INFANT,
OUT-PATIENT.**

**A special study of the Normal
and Convalescent Child.**

A certificate will be granted upon the successful completion of the course. Classes admitted in the Spring and Fall. Full maintenance will be provided. No extra remuneration.

For further particulars apply to:

**Director of Nursing
Children's Memorial Hospital
Montreal.**

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

Montreal Unit



POST-GRADUATE COURSE IN PAEDIATRIC ORTHOPAEDIC SURGICAL NURSING

A three-months course is offered to Graduate Nurses. Full maintenance and an allowance are provided.

A Certificate will be granted upon successful completion of the course.

For further particulars apply to the:

**Superintendent,
SHRINERS' HOSPITAL FOR
CRIPPLED CHILDREN,
Montreal, Canada**

had been donated to the Brantford Branch of the Canadian Red Cross Society. Miss K. Charnley, supervisor of the obstetrical ward of the Brantford General Hospital, was appointed as representative of the Alumnae Association to the R.N.A.O. annual meeting. Miss Mary Brown and Miss Elizabeth Bryant (B.G.H., 1937) have been called for nursing service with the R.C.A. M.C. Miss Brown was formerly supervisor of the surgical ward for the Hospital, and Miss Bryant was active in private duty nursing in Brantford.

Married: Recently, Miss Margaret Ann Walley (B.G.H., 1936) to Mr. Lewis Quackenbush Farrell.

DISTRICT 4

ST. CATHARINES:

Miss Margaret Irene Whitaker (St. Joseph's Hospital, Hamilton), formerly industrial nurse for the Canadian Canner's Limited, St. Catharines, is now associated with the English Electric Company of Canada, Limited, St. Catharines, in the capacity of industrial nurse.

DISTRICT 5

BARRIE:

A recent meeting of Chapter 2, District 5, R.N.A.O., was held at Barrie with Miss Irene Lawson, the president, in the chair. There were 28 members present. The election of officers resulted as follows: President, Miss Jean Tannahill, St. Andrew's Hospital, Midland; vice-president, Miss Olive Brown, Orillia; secretary-treasurer, Miss E. Pettuck, Ontario Hospital, Orillia; representative to *The Canadian Nurse*, Miss Nora Hanna, Orillia. The following papers were presented by members of the Chapter: Miss E. Williams, superintendent of nurses, Royal Victoria Hospital, Barrie, on the nursing care of nephritis; Miss E. Pettuck, Ontario Hospital, Orillia, on blood and serum banks; Mrs. Jas. Clarkson, on the home nursing course.

TORONTO:

Hospital for Sick Children:

A meeting of the Alumnae Association of the Hospital for Sick Children was held recently with the president, Mrs. Russell, in the chair. An encouraging report was given by the entertainment committee, responsible for Chorley Park, the Military Convalescent Hospital. A drive has been arranged to increase our membership. Under the direction

of Miss McDiarmid the graduates have been divided into groups as follows: married graduates; special duty; public health; staff nurses at H.S.C.; nurses on staffs of other institutions; out-of-town graduates; overseas nurses. It is hoped that our membership will increase considerably.

A bingo was held recently to raise money for war purposes, over \$100 being realized.

Toronto Western Hospital:

At a regular meeting of the Alumnae Association of the Toronto Western Hospital, Dr. P. A. Sarjeant spoke on new aspects of medicine with regard to emergency service, including gas warfare. Later, a reception was held in honour of Nursing Sisters K. Christie, J. Taylor, M. Coutts, M. Dean, A. Morrison, and J. Burt, who were presented with sewing kits. Mrs. J. H. Wood and Mrs. Farquharson presided at the tea table.

Married: Recently, Miss Grace Thomas (T.W.H., 1933) to Corp. Thomas G. Cranstons.

Wellesley Hospital:

The regular meeting of the Wellesley Hospital Alumnae Association took place recently, with Miss Grace Bolton presiding. Delegates were appointed to the R.N.A.O. annual meeting, and Miss Jean Brown was appointed convener of the British Civilian Nurses War Fund. Dr. William Cavanagh gave an illustrated lecture on his research work among the Eskimos, which he is conducting for the University of Toronto. Miss Jean Harris and Miss Dorothy Powers reported that several knitted articles had been sent to the Red Cross and to the naval barracks at Halifax. Miss Mary Stanton reported that boxes of children's clothing had been sent to Miss Helen Cunningham, a Wellesley graduate, who is now matron of an evacuee orphanage in England. Letters from Major A. G. Shaw and Nursing Sister Harriet Pangman, of the 15th Division in England, were read. Miss Margaret Dulmage gave a brief address, and Mrs. A. Brymer served refreshments.

DISTRICT 7

KINGSTON:

The March meeting of the Kingston Chapter, District 7, R.N.A.O., was held at Hotel Dieu Hospital, when the Reverend Sisters were the hostesses. Dr. Clarke of the Ontario Hospital, Kingston, spoke on mental health in war time. Miss Jean Biggar was chosen as the district delegate to the R.N.A.O. annual meeting.

MAY, 1941

Your White Shoes Deserve It

Nugget White Dressing will keep them neat and trim, always looking their best.

Nugget is also available in Black, Blue and all shades of Brown.



NUGGET WHITE DRESSING

(the cake in the non-rust tin)

Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of \$300.00 to a member of the Association to assist her in undertaking, during the Session 1941-42, one of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. The courses offered are: Teaching and Supervision in Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing; and Administration in Hospitals and Schools of Nursing.

For further information, and the necessary forms, please apply to Miss Catherine L. Anderson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1941.

McGILL UNIVERSITY

School for Graduate Nurses

The following one-year certificate courses are offered to graduate nurses:

TEACHING AND SUPERVISION IN SCHOOLS OF NURSING

PUBLIC HEALTH NURSING

ADMINISTRATION IN HOSPITALS AND SCHOOLS OF NURSING

ADMINISTRATION AND SUPERVISION IN PUBLIC HEALTH NURSING

For information apply to:

School for Graduate Nurses
McGill University, Montreal.

POSTGRADUATE COURSE IN PSYCHIATRIC NURSING

The Toronto Psychiatric Hospital offers a six months' postgraduate course in Psychiatric Nursing. Applicants must have high school matriculation; they should be graduates of recognized Schools of Nursing, and registered or eligible for provincial registration.

Full maintenance and an allowance of ten dollars per month will be provided for students during the entire course.

A pamphlet, detailing more complete information, will be sent upon request. Apply to:

**Director of Nursing,
Toronto Psychiatric Hospital,
Toronto, Ontario.**

A unique event took place recently in Grant Hall, Queen's University, when the nurses' choir of the Kingston General Hospital School of Nursing, under the leadership of Mr. Arthur Craig, gave a recital. Principal Wallace, introducing the choir, said that, to his knowledge, it was the first time that a nurses' choir had presented a concert of this kind in Canada. The choir has a membership of 55.

Miss Mabel Brien (K.G.H., 1933) is night supervisor at Moreland Hall, an orthopedic hospital in Alton, Hampshire, England. She has spent some time in Scotland assisting in the care of the children evacuated from large centres. Miss Isabel Black (V.O.N.) recently came to Kingston from Orillia. Miss Dorothy Blumh, (V.O.N.) Smiths Falls, recently addressed the Rotary Club of that town, the subject of her address being public health work in the community.

Married: Recently, Miss Lillian Eleanor Walters (K.G.H., 1936) to Cpt. John P. McManus, R.C.A.M.C.

Married: Recently, Miss Allene MacPhail (K.G.H., 1940) to Mr. Roy Loken, R.C.A.F.

Married: Recently, Miss Harriet Margaret Malloch (K.G.H., 1939) to Dr. Maurice Charles Dinberg.

Married: Recently, Miss Mary Fong Johnston (K.G.H., 1939) to Mr. Don Wong, B.Sc.

Married: Recently, Miss Hazel Victoria O'Grady (K.G.H., 1934) to Mr. Donald MacLean, R.C.C.S.

BROCKVILLE:

At the regular meeting of the Brockville Chapter, District 7, R.N.A.O., held at St. Vincent de Paul Hospital, Miss Croft, V.O.N., gave an interesting talk about her work. She spoke particularly about ante-partum and post-partum care. A social hour followed at which the Reverend Sisters were hostesses.

A series of lectures on the St. John Ambulance Course, which is open to all graduate nurses, is being given at the Brockville General Hospital by Dr. MacDougall.

DISTRICT 8

OTTAWA:

About 600 nurses were present at a mass meeting held recently in Ottawa under the auspices of District 8, R.N.A.O. Many members of the nursing profession were in attendance in answer to the Association's appeal for women volunteers for first aid and air raid precautions work in the event of an emergency. Miss Mabel Stewart, chairman of the District, presided, and Col. the Rt. Rev. G. A. Wells, chaplain to the Canadian forces, was the speaker. He urged the Canadian people to awaken to their responsibilities and sacrifices in the present

struggle and drew attention to the fact that 34 completely-equipped first aid posts, for use in emergency, have been made ready in Ottawa under the auspices of the Federal District A.R.P. Films on air raid precautions work, and of the results of war over England, were shown under the auspices of the Department of Pensions and National Health. Reports were presented by Miss Mary Acland, convener for first aid and civic protection for District 8; by Miss Jean Church, chairman of the committee on registration of nurses for the out-stations; and by Miss Marjory Robertson. Addresses were also given by Dr. T. A. Lomer, chairman of the sub-committee on medical arrangements, Ottawa Federal District, and by Dr. W. O. Gliddon, chief air raid precautions officer for Canada.

Ottawa General Hospital:

Reverend Sister Flavie Domitille, former superintendent of nurses, has been appointed Superior of the Hospital. Rev. Sister Veronica, former night supervisor, has been appointed superintendent of the Hospital. Sister Marie Fernande has been appointed night supervisor, and Sister Helen of Rome has been appointed as superintendent of nurses.

Miss Rita Michaud (O.G.H., 1938) is taking the public health nursing course at the School for Graduate Nurses, McGill University. Miss Jeannine Coupal (O.G.H., 1937) is public health nurse for the Metropolitan Life Insurance Company at Chicoutimi, and Miss Willa Ahern (O.G.H., 1935) is public health nurse for the Company in the Niagara District.

QUEBEC

MONTREAL:

Montreal General Hospital:

At a recent meeting of the Alumnae Association of the Montreal General Hospital, Dr. C.K.P. Henry gave an interesting talk, with lantern slides, on the present day treatment of tumours, showing the remarkable results obtained by the use of radium and X-ray treatment in such cases.

Miss Dorothy Colquhoun (M.G.H., 1933) has been appointed to the position of senior instructor of nurses in the Royal Jubilee Hospital, Victoria.

Miss F. E. Cloran (M.G.H., 1939) has accepted a position as industrial nurse in a large plant in Brownsburg, P. Q.

Miss Mary Abbott and Miss Monica Per-

MAY, 1941

ONE WHITE TUBE CREME



Preferred by Nurses for continued use as it cleans better, works faster, and contains ingredients to preserve fine footwear.

Made in Canada by Canadians specializing in the manufacture of fine shoe dressings.

Sample tube mailed to any nurse on request to:

EVERETT & BARRON
OF CANADA, LTD.,
914 Dufferin St.
Toronto.

WILL NOT RUB OFF

REGISTRATION OF NURSES

Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on May 28th and 29th.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

ALEXANDRA M. MUNN, Reg. N.,
Parliament Buildings, Toronto

WANTED

Applications are invited from Registered Nurses for the position of Private Floor Supervisor in a 50-bed General Hospital to assist in the Operating Room. Applicants must have had experience in assisting X-ray Technician. The position offers opportunities for advancement; the salary is open. Please state age, religion, year of graduation and Hospital, experience, and references. Address applications in care of:

Box 7, The Canadian Nurse, 1411 Crescent Street, Montreal, Que.

WANTED

A Registered Nurse desires a position as X-ray technician in a Hospital or Sanatorium. The applicant has had three years experience in X-ray work, and is a member of the American Registry of X-Ray Technicians. All inquiries should be addressed to:

Box 20, The Glades, New Brunswick

WANTED

Applications are invited for the position of Instructor of Nurses in a 120-bed Hospital. Duties are to commence on September 1. Please address applications to:

Lady Superintendent, Royal Inland Hospital, Kamloops, B.C.

WANTED

Applications are invited for the position of Hospital Superintendent in a 215-bed Hospital. Applicants must have had Post-Graduate course in Hospital Administration, and are to state full qualifications, religion, age, experience, and salary expected. The position is vacant on July 1. Applications will be received up to May 29, and should be addressed to:

Mr. J. T. MacLeod, Sec., Board of Directors, Glace Bay General Hospital, Reserve Mines, Cape Breton, N.S.

THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO

Furnish Nurses

at any hour

DAY or NIGHT

TELEPHONE Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West, TORONTO
HELEN CARRUTHERS, Reg. N.

The American Hospital Bureau

1825 Empire State Building
New York City

Offers to Hospitals in Canada and the United States a professional placement service for Hospital and Nursing School Administrators, Instructors, Supervisors, Anesthetists, Dietitians, Technicians, and General Duty Nurses. All credentials personally verified.

C. M. Powell, R. N., Director

ram (M.G.H., 1941) are engaged in general duty at the Western Division.

Married: Recently, Miss Ingrid Pauline Gustafson (M.G.H., 1929) to Lieut. Hector Macdonald.

Married: Recently, Miss Isabel F. MacRae (M.G.H., 1941) to Dr. Henry I. Williams.

Royal Victoria Hospital:

The members of the graduate staff have completed the course and examination in first aid under the supervision of Miss E. Alder, Miss T. McKenzie, Miss K. Stanton, and Miss B. Cameron. Miss H. Sharpe is now conducting the course for members of the Alumnae Association.

The Canadian Nurses Association has appointed Miss Eileen Flanagan as nursing adviser to the Commandant of the nursing auxiliary section of the Women's Voluntary Service Corps, Canadian Red Cross Society.

Miss Margaret Etter, supervisor of operating rooms, has been spending some time at the Cornell Medical Centre and the Presbyterian Hospital, New York. Miss Charlotte Foster (R.V.H., 1936) has been added to the admitting office staff, and Miss Marguerite McDougall has succeeded Miss Foster as assistant night supervisor in the Ross Pavilion. Miss Beatrice Hewitt, head nurse on the fourth floor, Ross Pavilion, has resigned.

Married: Recently, Miss Thelma McKenzie (R.V.H., 1932) to Mr. William R. Tripp.

School for Graduate Nurses, McGill University:

Miss Barbara Beattie (Administration, 1939-40) has been appointed superintendent of nurses at the Provincial Mental Hospital, Ponoka, Alberta. Miss Beattie was formerly superintendent of nurses at the Municipal Hospital, Drumheller, Alberta.

SASKATCHEWAN

MOOSE JAW:

The Moose Jaw Registered Nurses Association met on March 12 in the Providence Hospital, Moose Jaw. Since no meetings had been held during 1940, it was necessary to reorganize and elect officers. The officers elected were as follows: President, Miss Gladys Selvig; vice-president, Miss Ella Lamond; second vice-president, Miss Lillian Small; secretary-treasurer, Miss May Armstrong; representative to *The Canadian Nurse* and press, Miss Jean Gibson; section conveners: hospital and school of nursing, Miss M. E. Ingham; general nursing, Miss Joan Grayson; public health, Miss May Armstrong; committee conveners: program, Miss Marie Craig; social, Miss Kay Wilson; flowers and visiting, Miss Ursula Belsher, Miss Edith Keys.

MAY, 1941



BABY'S OWN Tablets

**ARE GENTLE, PLEASANT
RELIABLE, EFFECTIVE**

To the discriminating nurse, ever mindful of the needs of her little patients, these time-proven tablet triturates provide a mild, gentle and effective laxative. Clinically tested, they are designed especially to help keep babies' delicate digestive tract free from irritating accumulations and waste, that so often are the indirect cause of upset stomach, constipation, gas and other minor ills of babyhood.

Excellent also in helping to relieve simple fever and other disturbances common to the teething period.

Over forty years of increasing use have proven **BABY'S OWN TABLETS** to be dependable and trustworthy. They contain no opiates nor narcotics of any kind.

WANTED

Applications are invited for the position of

**Matron in a Hospital
in the Peace River District.**

The Hospital is fully modern and has a capacity of 50 beds. There is a graduate staff. X-ray and laboratory technicians are employed.

Apply to the Secretary-Treasurer.

**Municipal Hospital
Grande Prairie, Alberta.**

KRUSEN'S PHYSICAL MEDICINE

Dr. Frank Krusen of the Mayo Clinic, Rochester, Minnesota, is one of the foremost authorities in Physical Therapy and he has prepared an unusually practical book. It covers completely the History of Physical Therapy, Thermotherapy, Electrotherapy, Hydrotherapy, Mechanotherapy, Teaching of Physical Medicine, Hospitals, etc. 846 pages, 351 illustrations. Cloth, \$11.50, net.

Send for our nursing catalogue.

McAinsh & Co. Limited

Dealers in Good Books Since 1885

388 Yonge St.

Toronto

DOCTORS' and NURSES' DIRECTORY

214 Balmoral St., Winnipeg

A Directory for:

DOCTORS, and REGISTERED NURSES
VICTORIAN ORDER of NURSES
(night calls, Sundays, and holidays
ONLY)

PRACTICAL NURSES

Twenty-four hour service.

P. BROWNELL, REG. N., REGISTRAR

Jos. C. Wray & Bro.

AMBULANCE SERVICE

1234 Mountain St., Montreal

MArquette 4322

VI-TONE is a boon to nurses
and dietitians who must deal
with listless appetites and delicate
digestions.



The meeting suggested that the executive revise the constitution governing the association. Miss Grayson announced the decision of the general nursing section to establish eight-hour duty for nurses doing private duty, this regulation to take effect in Moose Jaw on April 1. A report on the progress of *The Canadian Nurse* during 1940 was given by Miss A. Evans, convener of provincial Canadian Nurse Committee, with a view to stimulating more interest and soliciting new subscriptions.

A telephone bridge was recently held under the auspices of the Moose Jaw General Hospital Alumnae Association to raise funds. Each member was responsible for one table, and the event was considered quite a success. The first and second prizes were War Savings Certificates with two dollars and one dollar in stamps respectively.

Married: Recently, Miss Alma Fisher (M.J.G.H., 1939) to Corp. James Maxwell, C.A.S.F.

Married: Recently, Miss Joan Love (M. J.G.H., 1940) to L. A. C. Fred Skelton, R.C.A.F.

Married: Recently, Miss Margaret Grier-son (M.J.G.H., 1939) to Mr. Roy Langdon, T.C.A.

Married: Recently, Miss Thelma L. Mackey (S. C. H.) to Mr. Arthur G. Ellison.

SASKATOON:

In aid of the civilian nurses in bombed areas of Britain, the Saskatoon nurses held a very successful tea. Over \$200. was realized. Among those who poured tea were Nursing Sister M. A. Kains, of No. 4 S.F.T.S., R.C.A.F., Saskatoon, and Matron S. MacRae, of Dundurn Camp Hospital.

Miss Mary Mathias (Saskatoon City Hospital, 1936) has accepted a position at the Ottawa Civic Hospital.

Miss Mary J. Horbay (Saskatoon City Hospital, 1934) has been appointed Nursing Sister at S.F.T.S., R.C.A.F., Saskatoon.

Nursing Sister M. A. Kains has been transferred from No. 4, Service Flying Training School, R.C.A.F., Saskatoon, to the R.C.A.F., Carberry, Manitoba.

Married: Recently, Miss Bernice Patter-son (S.C.H., 1938) to Mr. Chas. A. McGall.

Married: Recently, Miss Margaret E. Ross (S. C. H., 1939) to Mr. Lorne Barber.

Married: Recently, Miss Jean Piggott (S. C. H., 1939) to Mr. L. S. Olsen.

Married: Recently, Miss Mildred Amy (St. Paul's Hospital, Saskatoon, 1939) to Mr. David Ansel.

Married: Recently, Miss Hallie Matthew- man (St. Paul's Hospital, Saskatoon, 1928) to Mr. Robert McKay.

Married: Recently, Miss Nellie Watson (St. Paul's Hospital, Saskatoon, 1932) to Mr. Charles Hyde.

HOLIDAY AT THE "PAULINE LEMOINE MEMORIAL"

ENJOY the beauties of the Laurentian Mountains
in the celebrated Gatineau District.

HOT AND
COLD
RUNNING
WATER.

BOATING.
BATHING.



GOOD
MEALS.
COURTEOUS
SERVICE.
CONGENIAL
COMPANY.

The Victorian Order of Nurses' beautiful summer
home on Blue Sea Lake, Quebec.

FOR FURTHER INFORMATION WRITE

MRS. G. B. GREENE, 460 Wilbrod St., Ottawa, Ont.

NEWFOUNDLAND

ST. JOHN'S:

The members of the Newfoundland Graduate Nurses Association were honoured recently in having as their guest speaker, Miss Mona Wilson, R.N., M.B.E., Canadian Red Cross representative, who reviewed the work of the Red Cross. Miss Wilson is impressed by the work of the Junior Red Cross in Newfoundland and usually has a large following of admiring children displaying Junior Red Cross badges in their lapels, and are thrilled when she inquires

into their activities. The thanks of the Association were extended to Miss Wilson by the honorary president, Miss Emma Reid.

Miss Syretha Squires, formerly superintendent of public health nursing in Newfoundland, has recently been appointed Director of Departmental Nurses. Her new duties will include the supervision of all district nurses as well as those in Cottage Hospitals. Miss Claudine Severn has been appointed assistant director and, like Miss Squires, is extremely well qualified by training and experience for this important and challenging task.



ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

MARTIN H. SMITH CO. New York, N. Y.

Dosage:

1 to 2 capsules 3 or 4 times
daily. Supplied only in pack-
ages of 20 capsules. Literature
on request.

. . . OFF . . . DUTY . . .

The other day we had a sad letter from a superintendent of nurses . . . "Our good night supervisor is going overseas", said she, "and I suddenly realize that there is literally no one who is so difficult to replace" . . . This set us thinking of the long dark year we once spent on night duty . . . Nobody seemed to value us very highly . . . we came on at seven, took the day report and carried on from there . . . Usually we hadn't slept very well and felt slightly seasick . . . and yet that year turned out to be a good one . . . We had a little cubby-hole of an office with just enough room for a desk and a chair . . . There were two telephones which rang persistently and, in the pool of light under the desk lamp, was a list of numbers we sometimes had to call in a bit of a hurry . . . Every two hours we made our rounds and, in those Spartan days, there were no "night-floats" so we had to pitch in and help as best we could . . . Sometimes, when all was going well, we used to come back for a few minutes to our little office . . . and in that quiet place it seemed as though we could feel the heart of the hospital, beating strongly and steadily under our hand . . . When we looked out over the sleeping city we could see the converging steel lines of the railway yards . . . and we liked to watch the moving headlights of the engines and the mysterious signals of the red lanterns, swinging to and fro . . . Never before had we known how many people work at night . . . nor what a sense of comradeship there is between them . . . the office of a great newspaper blazed with lights all night long . . . and the bakeries worked full blast . . . When we called the telegraph office, a calm reassuring voice would answer without a moment of delay . . . and the police would always help us to find the relatives of a very ill patient who hadn't any home telephone number . . . About four in the morning we would hear the welcome clip-clop of the milkman's horse . . . and a good smell of coffee would greet us from every ward kitchen . . . On summer mornings we used to go out on the balcony for a breath of air . . . just as dawn was breaking, and the birds were beginning to sing . . . it was good to feel that we had all come safely through the night . . . Although no profound sorrow was manifested when our year of service was over . . . our stern superintendent told us with a frosty twinkle that we had earned a good night's sleep . . . However that may be, we are sure of one thing . . . literally no one is so difficult to replace as a good night supervisor. — E. J.

Official Directory

International Council of Nurses

Acting Executive Secretary, Miss Callista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

THE CANADIAN NURSES ASSOCIATION

President..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
 Past President Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
 First Vice-President..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
 Second Vice-President Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.
 Honorary Secretary Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
 Honourary Treasurer Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association;
 (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Helen M. Hill, 811-14th Street, South, Lethbridge.

British Columbia: (1) Miss M. Duffield, 1075 10th Ave. W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hanson, 1178 Esquimalt Ave., West Vancouver.

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marian Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

Hospital and School of Nursing Section

CHAIRMAN: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

COUNCILLORS: Alberta: Miss H. S. Peters, University Hospital, Edmonton. British Columbia: Miss A. Cavers, Vancouver General Hospital. Manitoba: Miss E. McDowell, Winnipeg General Hospital. New Brunswick: Miss Marian Myers, Saint John General Hospital. Nova Scotia: Sister Mary Peter, St. Joseph's Hospital, Glace Bay. Ontario: Miss N. M. Dulmage, Toronto General Hospital. Prince Edward Island: Miss Georgie Brown, Prince County Hospital, Summerside. Quebec: Miss M. Batson, Montreal General Hospital. Saskatchewan: Miss May E. Reid, St. Paul's Hospital, Saskatoon.

General Nursing Section

CHAIRMAN: Miss M. Baker, 240 Victoria St., London, Ont. First Vice-Chairman: Miss F. M. H. Brown, Wolfville, N.S. Second Vice-Chairman: Miss P. Brownell, 214 Balmoral St., Winnipeg, Man. Secretary-Treasurer: Miss A. Conroy, Jarvis Apts., Princess Ave., London, Ont.

Ontario: (1) Miss Jean L. Church, 180 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cres., Toronto; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. W. Gardiner, 4516 St. Catherine St. W., Apt. 7, Montreal.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 240 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.

COUNCILLORS: Alberta: Miss Helen M. Hill, 811-14th St. S., Lethbridge. British Columbia: Mrs. J. F. Hanson, 1178 Esquimalt Ave., West Vancouver. Manitoba: Miss C. Bourgeault, 561 Des Meurons St., St. Boniface. New Brunswick: Miss Myrtle E. Kay, 21 Austin St., Moncton. Nova Scotia: Miss Frances Brown, Wolfville. Ontario: Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto. Prince Edward Island: Miss Mary Devereau, New Haven. Quebec: Miss A. Winnifred Gardiner, 4516 St. Catherine St. W., Apt. 7, Montreal. Saskatchewan: Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

Public Health Section

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2970 Spruce Street, Vancouver, B.C.

COUNCILLORS: Alberta: Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary. British Columbia: Miss F. Innes, 1922 Adanac St., Vancouver. Manitoba: Miss F. King, Ste. 9, Greysolon Apts., Winnipeg. New Brunswick: Miss A. Burns, Health Centre, Saint John. Nova Scotia: Miss H. Macdonald, 21 Queen St., Sydney. Ontario: Miss G. Ross, 15 Queen's Park Cres., Toronto. Prince Edward Island: Miss Ruth Ross, Summerside. Quebec: Mlle A. Martineau, Dept. of Health, City of Montreal. Saskatchewan: Miss M. E. Pierce, Wolseley.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Blanche Emerson, 10195-100th St., Edmonton; Sec. Vice-Pres., Miss K. Connor; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss A. Young, Miss I. Johnson, Miss C. Clibborn; *Chairmen of Sections*: General Nursing, Miss Helen M. Hill, 811-14th Street, South, Lethbridge; Hospital & School of Nursing, Miss H. S. Peters, University Hospital, Edmonton; Public Health, Miss A. Dick, Ste. 26, Lorraine Apts., Calgary; *Conveners of Committees*: Legislation, Miss B. Emerson, Edmonton; The Canadian Nurse, Miss V. Chapman, Royal Alexandra Hospital, Edmonton; *Nightingale Memorial*, Miss K. G. Stackhouse, Royal Alexandra Hospital, Edmonton.

Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Edith Mills; Secretary-Treasurer, Miss Edith Kemp, Provincial Mental Hospital, Ponoka; *Representative to The Canadian Nurse*, Miss Ness Leckie.

Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss K. Connor, Central Alta. Sanatorium; Vice-Chairman, Miss C. Feisel, Holy Cross Hospital; Sec., Miss M. Richards, Holy Cross Hospital; Treas., Miss M. Watt, City Health Dept.; *Conveners of Sections*: Hospital & School of Nursing, Miss J. Connal, Gen. Hospital; Public Health, Miss A. Dick, City Health Dept.; General Nursing, Miss D. Cannon, Gen. Hospital.

Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Chairman, Miss C. E. Mary Rowles, Medicine Hat General Hospital; Vice-Chairman, Miss M. Hagerman, Y.W.C.A., Medicine Hat; Secretary-Treasurer, Miss M. Webster, 558 Fourth Street, Medicine Hat.

Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss Ida Johnson; First Vice-Chairman, Miss C. Clibborn; Sec. Vice-Chairman, Sister Mayer; Sec., Miss H. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss E. Porritt; *Committee Conveners*: Program, Miss E. Cushing; Membership, Miss M. Dennison; *Representatives to Local Council of Women*, Miss V. Chapman; The Canadian Nurse, Miss E. Perkins.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1075 10th Ave. W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss F. H. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss H. Archer, Miss E. Clark, Miss M. Henderson, Sr. M. Gregory, Miss H. Randal; *Conveners of Sections*: Nursing Education, Miss A. S. Cavers, Vancouver General Hospital; Public Health, Miss F. Innes, 1923 Adanac St., Vancouver; *Private Duty*, Mrs. J. F. Hanson,

1175 Esquimalt Ave., West Vancouver; Press, Miss L. M. Drysdale, 1095 11th Ave., W., Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. Mallory, Children's Hospital, Winnipeg; First Vice-Pres., Miss L. Lethbridge, General Hospital, Portage la Prairie; Sec. Vice-Pres., Miss E. McDowell, Winnipeg General Hospital; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Mrs. V. Harrison, 98 Arlington St., Winnipeg; Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; Miss M. Baird, 99 George St., Winnipeg; Miss E. Aitken, 230 Lanark St., Winnipeg; Major C. Chapman, Grace Hospital, Winnipeg; Rev. Sr. Theophane, St. Joseph's Hospital, Winnipeg; Rev. Sr. Breux, St. Boniface Hospital; Miss L. Vance, Brandon Mental Hospital; Mrs. H. Copeland, Misericordia Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; *Conveners of Sections*: Nursing Education, Miss E. McDowell, Winnipeg General Hospital; (Instructors Group), Miss D. Wishart, Victoria Hospital, Winnipeg; *Private Duty*, Miss C. Bourgeault, 561 Des Meurons St., St. Boniface; Public Health, Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; *Committee Conveners*: Social, Miss L. Kelly, 758 Wolsely Ave., Winnipeg; Visiting, Miss J. Stohart, 290 Sherbrooke St., Winnipeg; Press, Miss F. Waugh, Winnipeg General Hospital; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Library*, Miss M. Warren, 64 Niagara St., Winnipeg; *Nightingale Memorial Fund*, Miss I. McDiarmid, 368 Langside St., Winnipeg; *Representative to The Canadian Nurse*, Miss H. L. Wilson; *Secretary-Treasurer*, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., To be appointed; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss E. R. Trafton, Fredericton; Miss E. M. Hillyard, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec. Treas., Registrar, Miss M. E. Retallick, 263 Charlotte St., West Saint John; *Conveners of Sections*: Hospital & School of Nursing, Miss M. Myers; General Nursing, Miss M. Kay; Public Health, Miss A. A. Burns; *Conveners of Committees*: Legislation, Miss B. L. Gregory; The Canadian Nurse, Miss H. Cahill.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; First Vice-President, Miss E. Harvey, Middleton; Sec. Vice-Pres., Miss M. MacLellan, Digby; Third Vice-Pres., Miss A. Martin, City Hospital, Sydney; Rec. Sec., Mrs. D. J. Gillis, Windsor Jct.; Treasurer, Corresponding Secretary and Registrar, Miss Jean C. Dunning, 418 Dennis Building, Halifax; *Representative to The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

ONTARIO

Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice-President, Miss M. I. Walker; Second Vice-

President, Miss G. Sharpe; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 630, Physicians & Surgeons Building, 86 Bloor St. W., Toronto; *Chairmen of Sections: Hospital & School of Nursing*, Miss N. M. Dalmage, Toronto General Hospital, Toronto; *General Nursing*, Miss Freda Fell, Apt. 101, 2745 Yonge Street, Toronto; *Public Health*, Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts*: Miss J. M. Wilson, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss I. Shaw, Miss A. Baillie, Miss M. Black, Miss J. Smith, Miss D. Adams.

District 1

Chairman, Miss J. Wilson; First Vice-Chairman, Mrs. C. Salmon; Sec.-Treas., Miss L. Steele, 537 Talbot St., London; *Councillors*: Misses Johns, Baker, Orr, Precious, Anderson, Williamson, Mrs. Wilson; *Conveners: Hospital & School of Nursing*, Miss M. McPhedran; *Public Health*, Miss G. Cooper; *General Nursing*, Miss H. Parnell; *Enrolment*, Miss I. Bull.

Districts 2 and 3

Chairman, Miss W. Ashplant; First Vice-Chairman, Miss D. Arnold; Sec. Vice-Chairman, Miss V. Winterholt; Sec.-Treas., Miss H. Muir, General Hospital, Brantford; *Councillors*: Misses E. Clark, E. Eby, H. Tregear, L. Trusdale, G. Larmon, Mrs. Young; *Conveners: Nursing Education*, Miss J. Watson; *Public Health*, Miss M. Hackett; *Private Duty*, Miss F. McKenzie.

District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; Sec. Vice-Chairman, Miss E. Ewart; Sec.-Treas., Miss G. Coulthart, 92 Balmoral Ave. S., Hamilton; *Councillors*: Sr. M. Grace, Misses Wright, LeMay, Brewster, MacIntosh, Cameron; *Conveners: Hospital & School of Nursing*, Sr. M. Eileen; *Public Health*, Miss A. Oram; *General Nursing*, Miss S. Murray.

District 5

Chairman, Miss A. Bell; First Vice-Chairman, Miss K. McNamara; Sec., Mrs. E. Major, 10 Bonnyview Dr., Humber Bay; Treas., Mrs. R. Challenger; *Councillors*: Misses G. Jones, R. Scott, J. Wallace, J. Mitchell, G. Versey, I. Lawson; *Committee Conveners: Public Health*, Miss E. Van Lane; *General Nursing*, Miss I. Lindsay; *Hospital & School of Nursing*, Miss J. Ives.

District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss Covert; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Committee Conveners: Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Miss N. DiCola; *Public Health*, Miss Stewart; *Membership*, Miss N. Brown; *Enrolment*, Miss H. Fitzgerald; *Finance*, Miss F. Fitzgerald.

District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, E. Moffatt, P. Gaven, Rev. Sr. Donovan; *Conveners: Hospital & School of Nursing*, Miss L. Acton; *General Nursing*, Miss A. Davis; *Public Health*, Miss D. Storms; *The Canadian Nurse*, Miss O. Wilson.

District 8

Chairman, Miss Mabel Stewart; Vice-Chairman, Rev. Sr. M. Evangeline; Sec.-Treas., Mrs. E. M. Smith, 149 Laurier Ave. W., Ottawa; *Councillors*: Misses V. Beller, W. Cooke, M. Lowry, K. McIlraith, Mrs. G. Fraser; *Committee Conveners: Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *General Nursing*, Mrs. G. Fraser; *Public Health*, Miss F. Moroni; *Cornwall Chapter*, Miss M. McWhinnie; *Pembroke Chapter*, Rev. Sr. M. Evangeline; *The Canadian Nurse*, Miss H. Tanner.

District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss R. Densmore, 189 Kohler St., Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium, P. O.; *Committee Conveners: Public Health*, Miss H. E. Smith, New Liskeard; *Private Duty*, Miss G. Johnson, Sudbury; *Nurse Education*, Miss A. Riordan, Sudbury; *The Canadian Nurse*, Mrs. J. McCausland.

District 10

Chairman, Miss D. Adams, the Sanatorium, Fort William; Vice-Chairman, Miss Dorothy Rorke Sec.-Treas., Miss E. Crosson, General Hospital, Fort Arthur; *Councillors*: Misses M. Buss, D. Paul, D. Blaccon; *Conveners: Nurse Education*, Miss D. Riddell; *Private Duty*, Miss M. Boiesau; *Public Health*, Mrs. A. Ward; *Membership*, Miss I. Morrison.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Rev. Sr. St. John the Baptist; Secretary, Miss Leonora Clark, Prince Co. Hospital, Summerside; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections: Private Duty*, Miss Mary Devereau, New Haven; *Public Health*, Miss Ruth Ross, Summerside; *Nursing Education*, Miss George Brown, Prince County Hospital, Summerside.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Jean S. Wilson, Marion Lindeburgh, Esther M. Belth, Rév. Sœur Jeanne St. Louis, Mlle Edna Lynch, Mlle Evelyn Gauvin; President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Sœur Valérie de la Sagesse; Honourary Secretary, Mlle Suzanne Groux; Honourary Treasurer, Miss Catherine M. Ferguson; *Members without Office*: Misses Margaret L. Moeg, Fanny Munroe, Mlle Maria Roy, Juliette Trudel, Alice Albert; *Conveners of Sections: General Nursing* (English), Miss A. Winnifred Gardiner, 4510 St. Catherine St. W., Apt. 7, Montreal; *General Nursing* (French), Mlle Anne-Marie Robert, 5484A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Sœur Hébert, Hôtel-Dieu de St. Joseph, Montreal; *Public Health* (English), Miss Kathleen A. Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, Dept. of Health, City of Montreal; *Board of Examiners*: Miss Mary Mathewson (Convener), Misses Katie S. Annesley, Madeleine Flander, Mlle Alexina Marchessault, Anyse Deland, Suzanne Groux; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1338 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association
(Incorporated 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Miss M. Diederichs, Regina Grey Nuns Hospital; Second Vice-President, Miss E. Amas, Saskatoon City Hospital; *Councillors*: Miss Elizabeth A. Pearston, Melfort; Miss M. Ingham, Moose Jaw General Hospital; *Conveners of Standing Committees*: *General Nursing* Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Miss May E. Reid, St. Paul's Hospital, Saskatoon; *Public*

Health, Miss M. Pierce, Wolseley; *Secretary-Treasurer*, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. Lawrie; Pres., Miss K. Morton; Vice-Pres., Miss R. Simpson; Sec., Miss E. Howard, General Hospital; Treas. & Registrar, Miss L. Dahl; *Conveners*: *Registry*, Miss L. Lynch; *Membership*, Miss K. McLachlan; *Entertainment*, Miss Spelliscy; *General Nursing*, Miss R. Wozny; *Public Health*, Miss F. Dean; *Hospital & School of Nursing*, Miss M. Zens.

Alumnae Associations

ALBERTA

A. A., Calgary General Hospital

Honorary President, Miss S. Macdonald; President, Mrs. T. L. O'Keefe; First Vice-President, Mrs. A. E. Warrington; Second Vice-President, Mrs. H. Buckmaster; Secretary, Miss M. Frew; Corresponding Secretary, Miss E. Swift, 1450-6th St. N. W.; Treasurer, Miss M. Carlson, 112-10th Ave. N.W.; *Press Correspondent*, Mrs. L. McPhee.

A.A., Holy Cross Hospital, Calgary

President, Miss Ruth Turnbull; First Vice-President, Miss Gertrude Thorne; Second Vice-President, Miss Margaret Bella; Recording Secretary, Mrs. A. Kloeffer; Corresponding Secretary, Mrs. C. Harrison, 412-21st Avenue, N.W.; Treasurer, Mrs. Elaine S. Clarke.

A.A., Edmonton General Hospital, Edmonton

Hon. Pres., Rev. Sr. M. O'Grady, Rev. Sr. F. Neuhauser; Pres., Mrs. R. McKee; First Vice-Pres., Miss E. Beitsch; Sec., Miss B. Holden; Corr. Sec., Miss J. Slavik, E.G.H.; Treas., Miss E. Carbol; *Committees*: *Standing*: Mrs. Price, Misses Quilichini, Peterson, Munroe, Nelson; *Visiting*: Misses Acker, Chickloski; *Private Duty*, Miss Ryan.

A.A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Miss L. Einarson; First Vice-Pres., Mrs. J. F. Thompson; Sec. Vice-Pres., Miss A. Anderson; Rec. Sec., Mrs. R. Boyd; Corr. Sec., Miss M. Sissons, Royal Alexandra Hospital; Treas., Miss R. Cameron; *Committee Conveners*: *Program*, Miss V. Chapman; *Visiting*, Mrs. Jones; *Social*, Miss A. Lyane; *News Letter*, Miss I. Brewster; *Executive*: Misses M. Griffiths, H. Molofee, Mrs. Sandrocks; *Benefit*, Miss I. Johnson; *Scholarship*, Miss K. Brighty.

A.A., University of Alberta Hospital, Edmonton

Honorary President, Miss Helen S. Peters; President, Mrs. D. Payment; Vice-President, Miss S. Greene; Recording Secretary, Mrs. A. Ward; Corresponding Secretary, Mrs. S. Graham, 10448-126th Street; Treasurer, Miss D. Wright; *Executive Committee*: Mrs. W. Slean, Miss K. Chapman, Miss B. Fane, Miss D. Haycock.

A.A., Lamont Public Hospital, Lamont

Honorary President, Mrs. R. E. Harrison; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrold; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National Park.

Lamont; *News Editor*, Mrs. Peterson. Hardisty; *Convener, Social Committee*, Miss C. Stewart.

A.A., Vegreville General Hospital, Vegreville

Hon. Pres., Rev. Sister Anna Keohane; Hon. Vice-President, Rev. Sister Josephine Boiesseau; President, Mrs. H. Walker; Vice-President, Mrs. D. Triska; Secretary-Treasurer, Miss Annie Askin, Box 218; *Archivist*, Rev. Sister Cecilia Clermont; *Visiting Committee*, (Chosen monthly).

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. Philippe; Hon. Vice-Pres., Rev. Sr. Columkille; Pres., Mrs. C. Melville; Vice-Pres., Miss B. Gebbie; Sec., Miss C. Connon, Nurses' Registry, St. Paul's Hosp.; Registrar, Rev. Sr. M. Columkille; Treas., Miss H. Conway; *Committee Conveners*: *Social*, Mrs. Chambers; *Program*, Miss O. McDaniels; *Press*, Miss B. Parlow; *Visiting*, Miss K. Flahiff; *Sick Benefit*, Miss E. McGee; *Reps. to*: V.G.N.A., Miss M. McLaughlin; *The Canadian Nurse*, Miss F. Marsh.

A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss A. Reid; First Vice-Pres., Miss F. Innes; Rec. Sec., Miss P. Capelle; Corr. Sec., Miss E. Ketchum, 1009 W. 10th Ave.; Ex. Sec., Mrs. F. Faulkner; Treas., Miss L. Creelman; *Committee Conveners*: *Mutual Benefit*, Miss M. Olund; *Visiting*, Mrs. M. Appleby; *Social*, Mrs. G. Gillies; *Membership*, Miss M. Parker; *Refreshment*, Miss M. Steele; *Program*, Miss M. Tucker; *Rep. to Press*, Miss I. Loucks.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. J. H. Russell; First Vice-Pres., Mrs. D. Hunter; Sec. Vice-Pres., Miss M. Dickson; Sec., Mrs. J. A. McCague, 1046 View St.; Assist. Sec., Mrs. Shea; Treas., Mrs. McConnell; *Committee Conveners*: *Social*, Mrs. D. McCloud; *Visiting*, Miss F. Ferguson; *Press*, Mrs. Baynard; *Burial Committee*: Misses Putman, Dickson, Herbert, Mmes Leal, McCloud.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. E. Corbett; First Vice-Pres., Mrs. M. Gilmore; Sec. Vice-Pres., Miss M. Murphy; Rec. Sec., Miss H. Cruickshank, 910 Market St.; Corr. Sec., Miss L. Duggan; Treas., Miss F. Crampton; *Councillors*: Mmes. F. Bryant, J. Moore, I. Moore, Miss H. Barrow; *Press*, Mrs. E. Gandy; *Visiting*, Misses D. Dixon, A. Osborne-Smith.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Superior; Hon. Vice-President, Mrs. F. Crosby; President, Mrs. W. McElheron; First Vice-President, Miss A. Danilevitch; Second Vice-President, Miss W. Grice; Rec. Sec., Mrs. F. Eastwood, Jr.; Corr. Secretary, Miss M. Alexander, Ste. 59, Roslyn Apts., Winnipeg; Treas., Miss M. Wastle; Committee Conveners: Social, Miss J. Aubin; Membership, Miss R. Toupin; Visiting, Miss M. Treasure; Press, Mrs. E. Dwyer; Representatives to: M.A.R.N., Miss A. Laporte; The Canadian Nurse, Miss R. Luchuk; Directory Committee of M.A.R.N., Mrs. B. Schoemperlen; Local Council of Women, Mrs. C. Hall.

A.A., Children's Hospital, Winnipeg

Hon. Pres., Miss E. Mallory; Pres., Miss H. Hahr; First Vice-Pres., Miss B. Irwin; Rec. Sec., Miss B. Andrews; Corr. Sec., Miss E. Young, 91 Home St.; Treas., Miss B. Thain; Committee Conveners: Program, Mrs. A. Robson; Ways & Means, Miss M. Smith; Visiting & Red Cross, Mrs. D. Morrison; Membership, Mrs. G. Cummings; News Editor, Miss D. Still.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss D. Bateman; Vice-President, Miss M. Ego; Sec., Miss L. Finlay, 23 Fairhaven Apts.; Treas., Miss E. Frye; Chairman, Executive Committee, Miss E. Shouldice; Committee Conveners: Visiting, Miss C. Bodin; Refreshment, Miss S. O'Brien; Directory, Miss V. Blaine; Publicity Agent, Miss H. Hilton.

A.A., Winnipeg General Hospital, Winnipeg

Honorary President, Mrs. A. W. Moody; President, Miss Isabe' McDiarmid, Winnipeg General Hospital; First Vice-President, Miss Constance Lethbridge; Second Vice-President, Miss T. Wiggins; Third Vice-President, Miss E. Wilson; Rec. Sec., Miss V. Hannan; Corr. Sec., Miss C. Dawson, Winnipeg General Hospital; Treas., Miss G. Gourley, 226 Oxford Street; Committee Conveners: Program, Mrs. W. H. Anderson, 9 B. Locarno Apts.; Membership, Miss Florence Stratton, Winnipeg General Hospital; Jubilee, Miss E. Wilson; Journal, Mrs. W. G. Beaton, 302 Montrose St.; Archivist, Miss Lorraine Miller, 17 Lindberg Apts.; Visiting, Mrs. Cecil Hutchings, 14 Diana Crt.; Reps. to: Training School, Miss Gertrude Hall, 214 Balmoral St.; Central Directory, Miss D. McQuinn; Local Council of Women, Miss M. McGilvrey, 22 Willingdon Apts.; Council of Social Agencies, Miss Bertha McClung; The Canadian Nurse, Miss Dorothy Hibbard, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchell; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; Committee Conveners: Entertainment, Misses O. Fowler, R. Dick, Miss M. Barker; Refreshments, Mrs. L. Dunlop, Miss A. Carney; Flower, Mrs. F. McKelvey, Miss A. Carney.

A.A., L. P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manser; Vice-President, Mrs. John Hale; Secretary, Mrs. Allan Wort, Connell Street; Treasurer, Miss Nellie G. Wallace; Executive Committee: Mrs. Wendall Slip, Miss Margart Parker, Mrs. Percy Caldwell.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. F. MacKinnon; First Vice-Pres., Mrs. W. MacPherson; Sec. Vice-Pres., Mrs. H. Spencer; Rec. Sec., Mrs. G. Fraser; Corr. Sec., Miss F. Anderson, General Hospital; Treas., Miss W. MacLeod; Committee Conveners: Executive, Miss C. Roney; Visiting, Mrs. G. Turner; Finance, Miss A. Beaton.

A.A., Halifax Infirmary, Halifax

Pres., Mrs. Alec Chaisson; Vice-Pres., Miss Isabel O'Reilly; Rec. Sec., Miss Joan Story; Corr. Sec., Mrs. Arthur Gauld, 118 Cedar St.; Treas., Miss Hilda Harnish; Committee Conveners: Visiting, Miss Annie Murphy; Entertainment, Mrs. John O'Neill; Press, Miss Dorothy MacDonald; Nominating, Mrs. Roy Sullivan; Librarian, Miss Dorothy Turner.

A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 287 South St.; Treas., Miss Helen Joncas, Victoria General Hospital; Committee Conveners: Entertainment, Misses M. Ripley, A. Power; Refreshments, Mrs. Cullen, Miss Gertrude; Visiting, Misses G. Byers, H. Watson; Private Duty, Miss Isobel MacIntosh.

ONTARIO

A.A., Belleville General Hospital, Belleville

Pres., Miss M. Fitzgerald; First Vice-Pres., Miss D. Williams; Second Vice-President, Miss M. Peacock; Secretary, Miss L. Smith, 161 Dufferin St.; Treasurer & Registrar, Miss K. Brickman; Flower Convener, Miss E. Wright; Social Convener, Miss F. Fitzgerald; Nom. Committee, Misses Sullivan, Soutar, Donnelly; Rep. to The Canadian Nurse & Press, Miss H. Collier.

A.A., Brantford General Hospital, Brantford

Hon. Pres., Miss E. McKee; President, Mrs. A. Mizon; Vice-Pres., Miss O. Perry; Sec., Miss O. Pickell, General Hospital; Ass. Sec., Miss H. Cuff; Treas., Mrs. E. Billo; Committee Conveners: Social, Misses A. Grierson, G. Thompson; Flower, Misses N. Yardley, C. Lawton, Mrs. C. Windrim; Gift, Misses M. Duncan, H. Muir; Representatives to: The Canadian Nurse and Press, Miss M. Copeland; Private Duty Section, Miss E. Scott; Local Council of Women, Mrs. S. Barber.

A.A., Brockville General Hospital, Brockville

Hon. Presidents, Misses A. Shannette, E. Moffatt; Pres., Mrs. M. White; First Vice-Pres., Mrs. W. Cooke; Sec. Vice-Pres., Miss L. Merkle; Sec., Miss H. Corbett, 127 Pearl St. E.; Ass. Sec., Mrs. E. Finlay; Treas., Mrs. H. Vanlusen; Committee Conveners: Social, Mrs. H. Green; Flower, Miss Kendrick; Program, Mrs. Derry; Rep. to The Canadian Nurse, Miss Corbett.

A.A., Public General Hospital, Chatham

Hon. President, Miss Priscilla Campbell; President, Miss Lillian Hastings; First Vice-President, Miss Jean McKerrall; Second Vice-President, Mrs. Malcolm MacKay; Recording Secretary, Miss Violet Carnes; Corresponding Secretary, Miss Margaret Gilbert, 104 Harvey St.; Treasurer, Miss Winnifred Fair.

A.A., St. Joseph's Hospital, Chatham

Hon. Pres., Mother M. Pascal; Hon. Vice-Pres., Sr. M. Thecla; Pres., Miss Mary Doyle; First Vice-Pres., Miss Hazel Gray; Sec. Vice-Pres., Miss Evelyn Cadotte; Sec.-Treas., Miss May Boyle, 80 West St.; Corr. Sec., Miss Anne Kenny, 1 Grand Ave. E.; *Representative to The Canadian Nurse*, Miss Mary Clare Zink.

A.A., Cornwall General Hospital, Cornwall

Honorary President, Miss H. C. Wilson; President, Mrs. J. Symmonds; First Vice-President, Miss E. Allen; Second Vice-President, Miss E. Adams; Secretary-Treasurer, Miss G. Rowe, Cornwall General Hospital; *Representative to The Canadian Nurse*, Miss V. Mel-drum.

A.A., Galt Hospital, Galt

President, Mrs. E. D. Scott; Vice-President, Miss Hazel Blagden; Secretary, Mrs. A. Bond, General Hospital; Treasurer, Mrs. W. Bell; *Committee Conveners*: Social, Miss Claire Murphy; Flower, Miss L. MacNair; Press, Mrs. J. M. Byrne.

A.A., Guelph General Hospital, Guelph

Hon. Pres., Miss S. A. Campbell; Pres., Miss L. Ferguson; First Vice-Pres., Mrs. F. C. McLeod; Sec., Miss K. Laird, General Hospital; Treas., Miss M. Featherstone; *Committees*: Social, Miss M. Doughty; Program, Misses M. Norrish, C. Ziegler, E. Wanless, E. Lunau; Flower, Miss H. Hall; Rep. to *The Canadian Nurse*, Miss E. Liphardt.

A.A., St. Joseph's Hospital, Guelph

Hon. Pres., Sr. M. Augustine; Hon. Vice-Pres., Sr. M. Dominica; Pres., Miss Doris Milton; Vice-Pres., Miss Eva Murphy; Rec. Sec., Miss B. Kadiwell; Corr. Sec., Miss Anna M. Herringer, St. Joseph's Hospital; Treas., Miss H. Harding; *Convener of Social Committee*, Mrs. T. McCorkindale; *Representative to The Canadian Nurse*, Miss A. Herringer.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss Edna Bell; First Vice-President, Miss M. Watson; Second Vice-President, Miss M. Watt; Recording Secretary, Mrs. Hilda Roy; Corresponding Secretary, Miss E. Ferguson, 127 Balsam Ave.; Treasurer, Miss N. Coles, 480 Main St. East; Secretary-Treasurer, Mutual Benefit Association, Miss M. Jarvis, 108 Wellington Street, South; *Committee Conveners*: Executive, Miss I. Mayall; Program, Miss H. Tilling; Flower and Visiting, Miss G. Servos; Budget, Miss L. O. Watson.

A.A., St. Joseph's Hospital, Hamilton

Hon. Pres., Sr. M. Alphonsa; Pres., Miss D. Crosby; First Vice-Pres., Miss B. Cocker; Treas., Miss L. Curry; Rec. Sec., Miss F. Nicholson; Corr. Sec., Miss E. Moran, 85 Victoria Ave. S.; Executive: Misses Crane, Dynes, Miller, McManamy, Hayes, Quinn, Markie, Neal; Entertainment, Miss A. Williams; Rep. to *The Canadian Nurse*, Miss J. Stevenson.

A.A., Hôtel-Dieu, Kingston

Hon. Presidents, Rev. Sr. Roubie, Mrs. W. Elder; Pres., Mrs. W. H. Lawler; First Vice-Pres., Mrs. V. Fallon; Sec. Vice-Pres., Mrs. C.

Keller; Sec., Miss M. Flood, 350 Brock St.; Sec.-Treas., Miss D. McGuire; *Committees*: Executive: Mmes Elder, Ahern, Hickey, Miss K. McGarry; Visiting: Miss A. O'Connell, Mrs. A. Thompson; Social: Misses J. Carty, M. Hinch.

A.A., Kingston General Hospital, Kingston

Honorary President, Miss L. Acton; President, Mrs. F. Attack; First Vice-President, Mrs. R. Robinson; Second Vice-President, Miss E. Freeman; Secretary, Mrs. C. Jackson, 261 University Ave.; Treasurer, Mrs. C. W. Mallory, 176 Alfred St.; Asst. Treas., Miss P. Timmerman, K.G.H.; Press Representative, Miss Mae Porter.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. Pres., Miss K. W. Scott; Pres., Miss T. Sittler; First Vice-Pres., Mrs. J. Collins; Sec. Vice-Pres., Miss R. Bagshaw; Sec., Miss V. Eveleigh, 21 Wellington St., Kitchener; Treas., Miss E. Janzen; *Committee Conveners*: Program, Miss H. Murdock; Flowers: Misses M. McManus, M. McLean; Social: Mrs. J. Collins; Rep. to *The Canadian Nurse*, Miss A. Leslie.

A.A., St. Mary's Hospital, Kitchener

Hon. Pres., Sister M. Gerard; Hon. Vice-Pres., Sister M. Geraldine; Pres., Miss E. Knipfel; Vice-Pres., Miss J. Pickard; Rec. Sec., Mrs. N. Schmidt; Corr. Sec., Miss H. Stumpf, 67 Menno St., Waterloo; Treas., Miss M. Brand; *Representative to The Canadian Nurse*, Miss E. Taggart, 22 Mill St., Kitchener.

A.A., Ross Memorial Hospital, Lindsay

Hon. Pres., Miss E. S. Reid; Pres., Miss F. Moffat; First Vice-Pres., Mrs. M. Thurston; Sec. Vice-Pres., Miss G. Leight; Sec., Miss Doris Currins, Lindsay, R. R. 6; Treas., Mrs. U. Cresswell; *Committee Conveners*: Program: Misses Harding, Wilson; Refreshments: Misses Stewart, Kirley; Flowers, Miss A. Irvine; Press, Miss E. Lowe; Red Cross Supply, Miss A. Flett.

A.A., St. Joseph's Hospital, London

Hon. Pres., Mother M. Theodore; Hon. Vice-Pres., Sister M. Ruth; Pres., Miss I. Griffin; First Vice-Pres., Miss M. Russell; Sec. Vice-Pres., Miss A. Kelly; Corr. Sec., Miss F. Caddy, 587 Grosvenor St.; Rec. Sec., Miss P. Dunn; Treas., Miss A. Switzer; *Committee Conveners*: Social: Misses M. Ings, M. Kelly; Finance: Misses M. Etue, O'Neill; Reps. to Registry: Misses M. Baker, K. McIntyre; Press: Miss M. Regan.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss I. Sadleir; First Vice-Pres., Miss G. Erskine; Sec. Vice-Pres., Miss J. Monteith; Rec. Sec., Mrs. R. Lind; Corr. Secretary, Miss A. McCall, 281 Hill St.; Treas., Mrs. H. T. Spettigue, 179 Devonshire Ave.; Publications: Misses M. Steinhoff, F. Bell.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. Pres., Miss M. Park; Pres., Mrs. H. Mylchreest; Hon. Vice-Pres., Miss M. Buchanan; First Vice-Pres., Miss R. Livingstone; Sec. Vice-Pres., Miss D. Scott; Sec.-Treas., Mrs. W. McCarthy, 881 McRae St.; Corr. Sec., Mrs. W. Dunn; *Committee Conveners*: Visiting, Miss R. Thompson; Educational, Miss V. Wigley; Membership, Miss M. LeMay; *Representative to The Canadian Nurse & R.N.A.O.*, Miss I. Hammond.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Honourary Presidents, Miss E. Johnston, Miss O. Waterman; President, Mrs. H. H. Burnett; Vice-Presidents, Mrs. H. Hannaford, Miss Buie; Treasurer, Miss L. MacKenzie; Secretary, Miss Margaret Payne, 35 Matchedash St. S.; Directors: Misses S. Dudenhoffer, M. MacLelland, G. Adams, Auditors: Misses M. Payne, G. Adams.

A.A., Oshawa General Hospital, Oshawa

Hon. Presidents, Misses E. MacWilliams, E. Stuart; Pres., Miss W. Werry; First Vice-Pres., Miss B. Gay; Sec. Vice-Pres., Miss Richardson; Sec., Miss Hunter; Corr. Sec., Miss G. Page, O.G.H.; Treas., Miss B. Rose; Committee Conveners: Private Duty, Miss A. Reddon; Social Miss G. Switzer; Program, Miss Green; Rep. to The Canadian Nurse, Miss A. Twilley.

A.A., Lady Stanley Institute (Incorporated 1918) Ottawa

Hon. Vice-Presidents, Mrs. W. S. Lyman, Miss F. Potts; President, Mrs. W. E. Caven; Vice-Pres., Miss C. Pridmore; Secretary, Mrs. A. E. Mahood, 160 Metcalfe St.; Treas., Mrs. R. Gibson; Board of Directors: Mrs. G. C. Bennett, Misses M. McNiece, C. Flack, E. McGibbon; Committee Conveners: Flowers, Miss E. Booth; The Canadian Nurse, Miss V. Boies; Press, Miss H. Falls; Representatives to Central Registry, Misses M. Sinn, E. Curry.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss D. Ogilvie; First Vice-Pres., Miss G. Wilson; Sec. Vice-Pres., Miss C. Wilcox; Rec. Sec., Miss L. Gourlay; Corr. Sec., Miss N. Robinson, O.C.H.; Treas., Miss D. Johnston, 98 Holland Ave.; Councilors: Mrs. H. B. Kidd, Misses G. Moorhead, G. Ferguson, F. McLeod, M. Steen, E. Graham; Committee Conveners: Flower, Miss E. Roviadeux; Visiting: Mrs. E. Young, Miss H. King; Representatives to Central Registry: Misses R. Alexander, O. Bradley, E. Graydon, C. McLeod.

A.A., Ottawa General Hospital, Ottawa

Honourary President, Rev. Sr. Flavie Domtille; President, Miss Viola Foran; First Vice-President, Miss Alice Proulx; Second Vice-President, Miss Joan Stock; Secretary-Treasurer, Miss Lucille Brulé, 95 Glen Ave.; Membership Secretary, Miss Florence Lepine; Councilors: Rev. Sr. Flavie Domtille, Miss Rose Therien, Miss Jeanne LaRochelle, Miss Evelyn Byrne, Miss Marion Frindeville, Mrs. Larry Dunn.

A.A., St. Luke's Hospital, Ottawa

Hon. Pres., Miss E. Maxwell, O.B.E.; Pres., Mrs. W. H. Johnston; Vice-Pres., Mrs. J. Prickard; Sec., Miss E. G. Woods, 27 Rosebery Ave.; Treas., Miss D. Brown; Committees: Flower: Mrs. Hall, Miss L. Craig; Refreshments: Mrs. Hobbs, Misses M. Wilson, E. Young; Reps. to: Central Registry: Mrs. R. Brown, Miss P. Heron; Local Council of Women, Miss E. G. Woods.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Honourary Presidents, Miss R. Brown, Miss E. Webster; President, Miss C. McKeen; First Vice-President, Miss V. Read; Secretary-Treasurer,

Mrs. Chas. W. Johnston, 288-11th Street, West; Representative to R.N.A.O., Miss Dorothy Robinson, First Avenue, West.

A.A., Nicholls Hospital, Peterborough

Hon. Pres., Mrs. E. M. Leeson; Pres., Miss Florence Vickers; First Vice-Pres., Miss D. MacBrien; Sec. Vice-Pres., Miss J. Preston; Rec. Sec., Miss Florence Scott; Corr. Sec., Miss Annie MacKenzie, 758 George St.; Treas., Miss Isobel King, 210 Antrim St.; Social Conveners: Mrs. R. Taylor, Mrs. Ruth; Flower Convener: Miss J. Preston.

A.A., St. Joseph's Hospital, Port Arthur

Hon. President, Rev. Mother Dymna; Hon. Members, Graduate Sisters; Pres., Miss Vera Bellus; Vice-President, Mrs. W. McLeod; Sec., Miss Edna Papoulis, 427 Simpson Street, Fort William; Treas., Miss E. Cunningham; Executive: Misses I. Hamer, M. McCartney, B. Byrnski, M. Gillick, R. Garland; Press Correspondent, Mrs. C. H. Chase.

A.A., Sarnia General Hospital, Sarnia

Hon. Pres., Miss D. Shaw; Pres., Miss Frances Harris; Vice-Pres., Miss A. McMillen; Sec., Miss Jean Anderson, 250 Cromwell St.; Treas., Miss J. Cairns; Committee Conveners: Program, Miss D. Cluskey; Social, Miss J. Revington; Flower and Visiting, Miss M. Thompson; Alumnae Room, Miss D. Shaw; Representative to The Canadian Nurse & Press, Mrs. M. Elrick.

A.A., Stratford General Hospital, Stratford

Honourary President, Miss A. M. Munn; President, Miss Murdean Mackenzie; Vice-President, Miss Bessie Williams; Secretary-Treasurer, Miss Jean Bell, R.R., St. Mary's; Committee Conveners: Social, Miss Alice Bailey; Flowers and Gifts, Miss Mae Cardwell.

A.A., Mack Training School, St. Catharines

President, Mrs. Richardson; First Vice-Pres., Miss Maclean; Second Vice-Pres., Miss Sneltinger; Secretary, Miss Fowler, General Hospital; Treasurer, Miss Beard; Committee Conveners: Program, Miss Hodgins; Social, Miss Mastie; Visiting, Miss Daboll; Representatives to: Press, Miss M. Hughes; The Canadian Nurse, Miss Albertson.

A.A., Amasa Wood Memorial Hospital, St. Thomas

Hon. Pres., Miss J. M. Wilson; Hon. Vice-Pres., Miss F. Kudoha; Pres., Miss E. Stoddern; First Vice-Pres., Miss E. Ray; Sec., Mrs. B. Davidson; Corr. Sec., Miss E. Dodds, 83 Wellington St.; Treas., Miss H. McCormack; Committee Conveners: Social, Miss A. Claypole; Flower, Miss M. Broadley; Ways & Means, Miss A. Fryer; Reps. to R.N.A.O., Miss B. McGee; Press, Miss E. Jewell.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Honourary President, Miss Pearl Morrison; President, Mrs. E. Jacques; Vice-President, Miss A. Lendrum; Recording Secretary, Mrs. M. Smith, 130 Dunn Avenue; Corresponding Secretary, Miss Ivy Ostic, 130 Dunn Avenue; Treas., Miss Maud Zufelt; Social Convener, Miss B. Langdon.

A.A., Hospital for Sick Children, Toronto

Hon. Presidents, Mrs. Goodson, Miss F. J. Potts, Miss K. Pantom, Miss P. E. Austin, Miss Masten; Pres., Mrs. E. Chadwick; First Vice-Pres., Mrs. A. W. Russell; Sec. Vice-Pres., Miss M. Francis; Rec. Sec., Miss M. Fletcher; Corr. Sec., Miss H. McGeary, 140 Wellesley Cres., Apt. 28; Treas., Mrs. Douglas Russell, 117 Lascelles Blvd.; Assist. Treas., Miss Lucy Ashton, H.S.C.

A.A., Riverdale Hospital, Toronto

Pres., Mrs. S. Hubbert; First Vice-Pres., Mrs. H. Radford; Sec. Vice-Pres., Miss M. Thompson; Sec., Mrs. H. Meen, 213 Keele St.; Treas., Mrs. T. Fairbairn; *Committee Conveners: Program, Miss Mathieson; Visiting, Mrs. Spreeman, Misses Thompson, B. Lowrie; Press & Publication, Miss Stewart; Reps. to: R.N.A.O., Miss Gerber; The Canadian Nurse, Miss Armstrong.*

A.A., St. John's Hospital, Toronto

Honorary President, Sister Beatrice; President, Miss M. Martin; First Vice-President, Mrs. P. E. Thring; Second Vice-President, Miss V. Mountain; Recording Secretary, Miss Anderson; Corresponding Secretary, Miss M. Riches, St. John's Convalescent Hospital, Newtonbrook; Treasurer, Miss M. Draper; *Social Convener, Mrs. C. Kerr; Press Representative, Miss R. Ramsden.*

A.A., St. Joseph's Hospital, Toronto

Hon. Pres., Rev. Sr. M. Electa; Pres., Miss T. Hushin; First Vice-Pres., Miss A. O'Neill; Sec. Vice-Pres., Miss L. Hill; Rec. Sec., Miss C. Hallett; Corr. Sec., Miss C. McQuillan, 91 Fern Ave.; Treas., Miss M. McMahon; *Councillors: Misses M. Caden, M. Heydon, H. Malone, A. Tobin; Representative to R.N.A.O., Miss C. Knaggs.*

A.A., St. Michael's Hospital, Toronto

Hon. Pres., Sister Mary of the Nativity; Hon. Vice-Pres., Sr. Mary Kathleen; Pres., Miss Doeren Murphy; First Vice-Pres., Miss R. Moore; Sec. Vice-Pres., Miss M. Stone; Rec. Sec., Miss M. McRae; Corr. Sec., Miss M. Hughes, 82 Glenholme Ave.; Treas., Miss C. Cronin; *Councillors: Misses L. Regan, E. Crocker, C. Hammill; Committee Conveners: Press, Miss P. Harding; Mag. Editor, Miss M. Crowley; Assoc. Membership, Mrs. R. Slingerland; Reps. to: Hospital & School of Nursing Section, Miss G. Murphy; Public Health Section, Miss L. Larsen; Local Council of Women, Mrs. T. Scully.*

A.A., School of Nursing, University of Toronto, Toronto

Hon. Pres., Miss E. K. Russell; Hon. Vice-Pres., Miss F. H. Emory; Pres., Mrs. M. McCutcheon; First Vice-Pres., Miss R. Macfarland; Sec. Vice-Pres., Miss E. Cryderman; Sec., Miss M. Nicol, 118 Glen Ayr Rd.; Treas., Miss D. McPherson; *Committee Conveners: Membership, Miss E. Greenwood; Special Fund, Miss E. Fraser; Program, Miss J. Wilson; Social, Miss B. Ross.*

A.A., Toronto General Hospital, Toronto

President, Mrs. E. S. Jeffrey; First Vice-President, Miss Ethel Cryderman; Second Vice-President, Mrs. R. F. Chisholm; Secretary-Treasurer, Mrs. F. B. G. Coombs, 1385 Bloor St. W.; *Councillors: Misses Mabel Cunningham, Mary Melke, Christine Wallace, Mrs. J. B. Wadland; Committee Conveners: Flower, Miss E. Forgie; Social, Miss Dorothea Lake; Program, Miss*

Maud Fry; Archives, Miss J. M. Knisley; "The Quarterly", Mrs. H. E. Wallace.

A.A. Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Honorary President, Miss Ella MacLean; President, Miss Claire Patrick; Secretary, Miss Vera Donnelly, 110 Victoria Park Avenue, Toronto; Treasurer, Miss Kathleen Beaton.

A.A., Toronto Western Hospital, Toronto

Hon. Presidents, Miss B. Ellis, Mrs. C. J. Currie; President, Mrs. Douglas Chant; Vice-President, Miss Mae Palk; Corresponding Secretary, Miss Isabel Kee, Nurses' Residence, T.W. H.; Recording Secretary, Miss Margaret Elliott; Treasurer, Miss Benita Post, Western Hospital; *Representative to The Canadian Nurse, Miss Jessie Wallace.*

A.A., Wellesley Hospital, Toronto

Hon. Pres., Miss E. K. Jones; Pres., Miss G. Bolton; First Vice-Pres., Miss J. Harris; Sec. Vice-Pres., Miss M. Stanton; Corr. Sec., Miss A. Solomon, 2 Linden St.; Rec. Sec., Miss G. Schwindt; Treas., Miss G. Shier; *Treas. for Sick Benefit Fund, Miss J. Brown; General Committee: Misses E. Cowen, H. Wark, J. Laird, Mrs. A. Brymer.*

A.A., Women's College Hospital, Toronto

Honorary President, Mrs. Bowman; Honorary Vice-President, Miss H. T. Melkjohn; President, Mrs. S. Hall, 866 Manning Ave.; Recording Secretary, Miss Isabel Hall, Women's College Hospital; Treasurer, Miss W. Worth, 93 Scarbora Beach Blvd.; *Representative to The Canadian Nurse, Miss Mary Chalk.*

A.A., Ontario Hospital, New Toronto

Hon. Presidents, Miss E. Rothery, Mrs. C. Brock; Pres., Miss E. Moriarty; First Vice-Pres., Miss L. Chartrand; Rec. Sec., Miss V. Doncaster; Corr. Sec., Miss R. Osbourne, Ontario Hospital; Treas., Mrs. E. Claxton; *Committee Conveners: Program, Miss M. Dickie; Social, Misses E. Alderton, M. Knapp; Visiting and Flower, Miss M. Jardine, Mrs. M. Robertson.*

A.A., Grace Hospital, Windsor

President, Adjutant Gladys Barker; Vice-President, Mrs. R. Blair; Secretary, Miss Jeanette Ferguson, Grace Hospital; Treasurer, Miss Frances Johns; *Echoes' Editor, Adjutant Gladys Barker.*

A.A., Hôtel-Dieu, Windsor

Hon. Pres., Rev. Mother Marie; Hon. Vice-Pres., Sr. C. Maitre; Pres., Miss J. Thomas; First Vice-Pres., Miss E. Cox; Sec. Vice-Pres., Miss J. Curry; Sec., Miss A. McNulty; Corr. Sec., Sr. Marie Roy, Hôtel-Dieu; Treas., Miss L. Arsenault; *Visiting Committee: Misses M. May, B. Beuglet.*

A.A., General Hospital, Woodstock

Pres., Mrs. E. Colclough; Vice-Pres., Miss M. Matheson; Sec., Miss C. Stager; Ass. Sec., Miss A. Aitchison; Treas., Miss M. Peirce; Ass. Treas., Miss R. Wright; Corr. Sec., Miss G. Jefferson, General Hospital; *Committee Conveners: Flower & Gift, Miss M. Hodgins; Program, Miss J. Kelly; Social, Misses Start, Watson, Howes, Cleator; Rep. to Press, Miss B. Calvert.*

QUEBEC

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Misses A. S. Kinder, E. Alexander; Pres., Miss J. E. Cochrane; Vice-Pres., Miss E. Fraser; Sec., Miss M. MacNaught. Children's Memorial Hospital; Treas., Miss E. Richardson; Committee Conveners: Social, Miss M. Robinson; Visiting, Miss E. Wilsey; Representatives to: Private Duty Section, Miss A. J. O'Dell; The Canadian Nurse, Miss H. Nuttall.

A.A., Homoeopathic Hospital, Montreal

Hon. President, Miss Vera Graham; President, Miss Lillian Athelstan; Treas., Mrs. Warren; Sec., Miss Jessie Morris, 328 Desmarchais Blvd., Verdun; Committee Conveners: Sick Benefit, Mrs. Warren; Visiting, Miss Currie; Refreshment, Miss Currie; Program, Miss D. Ward; Reps. to: Local Council of Women, Mrs. Stevenson; The Canadian Nurse, Miss D. Mape.

A.A., Lachine General Hospital, Lachine

Honorary President, Miss M. L. Brown; President, Miss Ruby Goodfellow; Vice-President, Miss Myrtle Gleason; Secretary-Treasurer, Mrs. Byrtha Jobber, 60-51st Avenue, Dixie-Lachine; Representative to Private Duty Section, Miss B. Lapierre; Executive Committee: Mrs. Gaw. Mrs. Barlow, Miss Dewar.

L'Association des Gardes-Malades Diplômées,
Hôpital Notre-Dame, Montréal

Hon. Pres., Sr. Papineau; Hon. Vice-Pres., Sr. Décaré; Pres., Miss E. MÉRIZZI; First Vice-Pres., Miss M. Gagnon; Sec. Vice-Pres., Miss C. Fréneau; Rec. Sec., Miss G. Roy; Corr. Sec., Miss L. Deguire; Assoc. Sec., Miss M. Leroux; Councilors: Misses G. Latour, B. Magnan, M. Lussier.

A.A., Montreal General Hospital, Montreal

Hon. Presidents, Miss J. Webster, O.B.E., Miss N. Tedford, Miss F. E. Strumm; Hon. Treasurer, Miss H. Dunlop; President, Miss C. Anderson; First Vice-President, Miss B. Birch; Second Vice-President, Mrs. D. White; Recording Secretary, Miss A. Tennant; Corresponding Secretary, Miss M. Shannon, Nurses Home, Montreal General Hospital; Treasurer, Miss I. Davies; Committees: Executive: Misses M. K. Holt, K. Annesley, M. MacDonald, Mme. L. Fisher, J. P. Robb; Program: Misses M. Batson, A. Tennant, C. Angus; Refreshment: Misses Cluff (convenor), J. MacDonald, H. Christian, J. McNair, L. Fife, M. MacQuarrie; Visiting: Misses F. E. Strumm, C. MacDonald, M. Ross; Representatives to: General Nursing Section: Misses M. I. MacLeod, M. McCann, A. Whitney, J. Van Vleet; Local Council of Women: Misses C. Colley, M. Stevens; The Canadian Nurse, Miss C. Watling.

A.A., Royal Victoria Hospital, Montreal

Board of Directors: President, Miss E. C. Flanagan; First Vice-President, Mrs. R. A. Taylor; Second Vice-President, Miss F. Munroe; Recording Secretary, Miss K. Stanton; Secretary-Treasurer, Miss G. A. K. Moffat, Royal Victoria Hospital; Members without Office: Miss B. Campbell, Mrs. P. Cranston, Mrs. R. Fetherstonhaugh, Miss G. Martin, Mrs. E. Paice, Miss E. Reid, Mrs. A. F. Robertson; Conveners of Standing Committees: Finance, Mrs. Fetherstonhaugh; Program, Miss F. Munroe; Scholarship, Mrs. R. A. Taylor; Private Duty,

Mrs. A. F. Robertson; Conveners of Other Committees: Canteen, Mrs. E. Paice; Red Cross Mrs. F. E. McKenty; Sick Visiting, Miss E. Reid; Representative to The Canadian Nurse, Miss G. Martin; Representatives to Local Council of Women, Mrs. Geo. Porter, Mrs. Vance Ward.

A.A., St. Mary's Hospital, Montreal

Hon. Pres., Rev. Sr. Rozon; Pres., Miss I. Goring; Vice-Pres., Miss T. de Witt; Sec., Miss P. Owens; Corr. Sec., Miss P. McKenna, 1245 St. Mark St.; Treas., Miss E. Quinn; Committees: Entertainment: Misses E. O'Hare, M. Smith, M. Morris, Mrs. Latremolle; Visiting: Misses R. Bradley, N. Callahan, M. Collins; Press: Misses R. Prendergast, I. Olney.

A.A., School for Graduate Nurses,
McGill University, Montreal

Pres., Miss Inez Welling; Vice-Pres., Miss A. Tennant; Sec.-Treas., Miss E. Alder, Royal Victoria Hospital; Conveners: Flora M. Shuts Memorial Fund, Mrs. L. H. Fisher; Program, Miss C. Campbell; Representatives to: Local Council of Women, Miss M. Fox, Mrs. J. T. Allen; The Canadian Nurse, Misses F. Lamont, C. Anderson, L. Reich, E. Grindley.

A.A., Woman's General Hospital, Westmount

Hon. Presidents, Misses Trench, Pearson; Pres., Miss C. Martin; First Vice-Pres., Mrs. Teller; Sec. Vice-Pres., Mrs. Crewe; Corr. Sec., Mrs. Davis, 5946 Waverley St.; Rec. Sec., Miss Van-Buskirk; Treas., Miss Francis; Committees: Visiting: Mrs. Chisholm, Miss G. Wilson; Social: Misses Linton, Yellin, Chananie; Rep. to The Canadian Nurse, Miss Francis.

A.A., Jeffery Hale's Hospital, Quebec

Pres., Mrs. A. W. G. Macalister; First Vice-Pres., Miss N. Martin; Sec. Vice-Pres., Miss E. Jack; Sec., Miss M. G. Fischer, 305 Grand Allée; Treas., Mrs. W. D. Fleming; Councilors: Misses Matthew, Wolff, Kennedy, Fitzpatrick, Mrs. Young; Committees: Visiting: Misses Buttimore, Raphael, Gray, Miss Douglas; Refreshment: Misses Black, Andrews, McMurray, Chase; Program: Misses Chase, Eager, Jack, Black; Representatives to: Private Duty Section, Misses E. Walsh, M. Eager; The Canadian Nurse, Miss G. Weary.

A.A., Sherbrooke Hospital, Sherbrooke

Hon. Pres., Miss V. Beane; Pres., Mrs. N. Skinner; First Vice-Pres., Mrs. F. Steigmair; Sec. Vice-Pres., Mrs. G. Sangster; Rec. Sec., Miss N. Arguin; Corr. Sec., Miss R. Forward, 51 Melbourne St.; Treas., Mrs. H. Grundy; Conveners, Entertainment Committee, Mrs. H. MacCallum; Reps. to: Private Duty Section, Miss P. Gough; The Canadian Nurse, Mrs. G. Burt.

SASKATCHEWAN

A.A., Grey Nuns Hospital, Regina

Hon. Pres., Rev. Sr. Tougas; Pres., Miss K. Haverstock; Vice-Pres., Miss C. Dionne; Sec. Vice-Pres., Miss V. McConnell; Sec.-Treas., Miss B. Bourget, Grey Nuns Hospital; Councilors: Misses Peel, A. Counter, Miss D. Grad; Committees: Conveners: Membership, Miss H. Kleckner; Visiting, Miss E. McDougall; Social, Misses H. Lefebvre, F. Walliser, I. McCormick, M. Deemelle; Rep. to: Local Council of Women, Miss Haverstock.

A.A., Regina General Hospital, Regina

President, Miss D. Lewis; First Vice-President, Miss L. Welsh; Second Vice-President, Miss N. Edwards; Secretary, Miss Margaret Smith; Nurses' Residence, Regina General Hospital; Treasurer, Miss E. Frostad; Entertainment Committee, Miss Parker, Miss Harrocks, Miss McLaughlin, Miss Sunderland

A.A., Saskatoon City Hospital, Saskatoon

Hon. Pres., Miss E. Amas; Pres., Miss A. Ormson; First Vice-Pres., Miss J. McKay; Rec. Sec., Miss E. Polowy; Corr. Sec., Miss M.

Stinson, S.C.H.; Treas. Miss E. Graham; Committee Conveners: Visiting, Miss A. Robinson; Program, Miss J. Piggett; Ways & Means, Miss H. Mellom; Social, Miss V. Mitchell; Press, Miss D. Bjarnason; War Work, Mrs. E. Sugarman.

A.A., Yorkton Queen Victoria Hospital, Yorkton

Honourary President, Mrs. L. V. Barnes; President, Miss R. Katlinkoff; Vice-President, Mrs. W. Westbury; Secretary, Mrs. E. Kennedy, 84 Independent St.; Treasurer, Mrs. M. Campbell; Councilors: Mrs. W. Sharpe, Mrs. R. Jacques, Miss L. Wotherspoon.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

Pres., Miss F. Munroe, Royal Victoria Hospital, Montreal; First Vice-Pres., Miss C. M. Watling, Montreal; Sec. Vice-Pres., Mrs. H. Paice, Montreal; Third Vice-Pres., Miss B. Anderson, Ottawa; Sec-Treas., Miss E. Frances Upton, Ste. 1019, Medical Arts Bldg., Montreal; Reps.: Mrs. C. E. Bisafflon, 755 Blenville St., Apt. 5, Montreal; Miss M. Mong, V.O.N., Montreal.

BRITISH COLUMBIA**Kamloops Graduate Nurses Association**

Pres., Miss S. Babin; Vice-Pres., Mrs. H. Stalker; Sec., Miss M. Ker, Tranquille, B.C.; Treas., Miss G. Young; Committee Conveners: Programme and Social, Miss K. Bingham, Mrs. M. Fraser, Misses J. McLelland, B. McPherson; Ways & Means, Misses E. Selkirk, S. Dalgleish, Miss E. Walker; Membership, Misses R. Coswell, L. Plgeau, Misses K. Doumont, I. Brooke; The Canadian Nurse, Misses M. Williams, J. Norquay.

Nelson Registered Nurses Association

Hon. Pres., Miss V. B. Eidt; Pres., Miss H. Tompkins; First Vice-Pres., Miss Ethel Smith; Sec. Vice-Pres., Miss V. Hayden; Sec., Miss A. McKinnon, Kootenay Lake General Hospital; Treas., Miss Elsie Smith; Committee Conveners: Private Duty, Miss J. McVicar; Membership, Miss E. Abey; Ways & Means, Miss L. Ellis; Social, Miss G. Gowans; Program, Miss I. Mack; Visiting, Miss P. Gannner; Correspondent to The Canadian Nurse, Miss N. Murphy.

New Westminster Graduate Nurses Association

Honourary President, Miss C. E. Clark; President, Miss E. Wrightman; First Vice-President, Miss E. Beatt; Second Vice-President, Miss E. Scott Gray; Secretary, Miss B. Donaldson, 243 Keary Street; Treasurer, Miss T. Eyton; Representatives to The Canadian Nurse, Mrs. J. L. Wright, Miss B. Catharail.

Rossland — Trail Graduate Nurses Association

Hon. Pres., Miss L. Humber; Pres., Miss M. Fletcher; Vice-Pres., Miss J. Brown; Sec., Miss N. Wood; Corr. Sec., Miss J. Downey, Nurses' Home, Trail; Treas., Miss E. Darr; Committee

Conveners: Social, Mrs. J. Williams; Ways and Means, Miss M. Allan; Visiting, Miss A. Ramsay; Program, Miss A. Jankola; Membership, Miss A. Bush.

Vancouver Graduate Nurses Association

President, Miss J. E. Jamieson; First Vice-President, Miss F. McQuarrie; Second Vice-President, Miss F. Kirkpatrick; Secretary, Miss M. Buchanan, Vancouver General Hospital; Treasurer, Miss M. Mirfield; Councilors: Misses M. Motherwell, M. Henderson, L. Dodds, K. Lee, Mrs. B. Melville; Committee Conveners: Ways & Means, Miss E. Paulson; Program, Miss A. Reid; Directory, Miss M. Gray; Visiting, Miss L. Drysdale; Local Council of Women: Miss M. Campbell, Mrs. DeSatz; The Canadian Nurse, Miss G. Conquest; Press, Mrs. F. Engley.

Victoria Graduate Nurses Association

Honourary Presidents, Sister Mary Gregory, Miss Lena Mitchell; President, Miss Ethel Gray; First Vice-Pres., Miss Z. Harmon; Sec. Vice-Pres., Miss M. Plunkett; Rec. Sec., Miss E. Gann; Corr. Secretary, Miss J. Engelhardt, St. Joseph's Hospital; Treas., Miss E. Smallwood.

MANITOBA**Brandon Graduate Nurses Association**

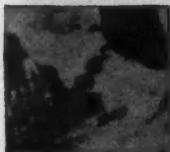
Hon. Pres., Miss E. Birtles, O. B. E.; Hon. Vice-Pres., Mrs. Shillinglaw; Pres., Mrs. D. L. Johnson; Vice-Pres., Miss M. Gemmell; Sec., Miss A. Crighton, 119 Russell St.; Treas., Miss W. Mitchell; Registrar, Miss C. Macleod; Committee Conveners: Social & Program, Miss V. Vance; Press, Miss M. Morton; Welfare, Mrs. S. Perdue; Rep. to The Canadian Nurse, Miss M. Parrett.

QUEBEC**Montreal Graduate Nurses Association**

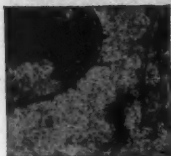
President, Miss Edythe Ward; First Vice-Pres., Miss A. Bulman; Sec. Vice-Pres., Miss M. E. Martin; Hon. Sec-Treas., Miss Grace Blacklock, 1280 Bishop St.; Chairman, Registry Committee, Miss A. Jamieson; Director of Nursing Registry, Miss E. B. Ross, 680A Sun Life Bldg. Regular meetings second Tuesday January, first Tuesday April, October, and December.

DANGER OF DIGESTIVE UPSETS IN EARLY SOLID FOOD FEEDING REDUCED WITH—

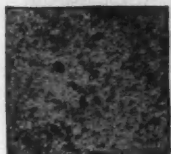
These three photographs show stools of normal infants (diluted 7 times with water and stained with Lugol's solution) 100 times magnified.



Stool of normal infant fed home-strained vegetables. Some of the food is undigested. Many coarse fibres are also seen.



Stool of normal infant fed commercially-strained vegetables. Here, also, some food has not been completely digested. Note coarse fibres that may cause intestinal irritation.



Stool of normal infant fed Libby's homogenized vegetables. Better digestion of all nutriment is apparent. No coarse fibres remain to cause irritation. Needed bulk is present in fine, smooth particles.



Recognized by many pediatricians as the desirability of a more balanced diet for the very young infant. Yet the ever present danger of diarrhea and enteritis arising from putrefaction of undigested solid foods in the intestinal tract has kept many doctors from prescribing nutritious solid foods as a supplement to the milk diet.

Now, early solid food feeding is possible—for Libby, McNeill & Libby have developed a special process of Homogenization which breaks up indigestible portions of the solid food into a fine, smooth form that is easily and promptly digested by the baby's digestive system. Laboratory experiments show that the starch contained in Libby's Homogenized Vegetables and Fruits is digested far more completely in 30 minutes than commercially-strained or home-strained vegetables in two hours.

Libby's Homogenization process breaks up all coarse fibres—thus, bulk necessary for normal elimination is retained—but turned into a smooth, non-irritating form. Infants as young as six weeks have been fed Libby's Homogenized Baby Foods with no ill effects. And because Homogenization releases nutrient inside the food cells for contact with the baby's digestive enzymes, Libby's Homogenized Baby Foods yield more nutriment than an equal amount of food strained commercially or at home.

FREE SAMPLES and descriptive literature will be mailed on request to physicians and pediatricians. Please address your requests to Libby, McNeill & Libby Laboratories, Chatham, Ontario.

10 BALANCED BABY FOOD COMBINATIONS:

These combinations of Homogenized Vegetables, cereal, soup, and fruits make it easy for the doctor to prescribe a variety of solid foods for infants

- 1 Peas, beets, asparagus.
- 2 Pumpkin, tomatoes, green beans.
- 3 Peas, carrots, spinach.
- 4 Whole milk, whole wheat, soya bean flour.
- 5 Prunes, pineapple juice, lemon juice.
- 6 Soup—carrots, celery, tomatoes, chicken livers, barley, onions.
- 7 A meatless soup—consisting of celery, potatoes, peas, carrots, tomatoes, soya flour, and barley. Can be fed to very young babies.
- 8 An improved fruit combination—Bananas, apples, apricots are combined to give a nutritious fruit combination that is very tasty.
- 9 An "all Green" vegetable combination—Many doctors have asked for this. Peas, spinach and green beans are blended to give a very desirable vegetable product.
- 10 Tomatoes, carrots and peas—These give a new vegetable combination of exceptionally good dietetic properties and flavour.

And In Addition, Three Single Vegetable Products Specially Homogenized

**CARROTS—PEAS—SPINACH and
LIBBY'S HOMOGENIZED EVAPORATED MILK**

Made in Canada By

LIBBY, McNEILL & LIBBY OF CANADA LIMITED, Chatham, Ont.

*For secondary anaemias
of infancy and childhood*



THIAMIN CHLORIDE
(Vitamin B₁)

CITRATED FERROUS
CHLORIDE

EXTRACT OF LIVER
(Vitamin B Complex)

A valuable nutritive aid, presented in palatable liquid form especially suitable for oral administration to infants and children. "Thironex" combines iron in its most readily absorbable form, with copper as a catalyst, and all the known factors of the Vitamin B Complex.

Each teaspoonful contains: Ferrous Chloride (Citrated) - 13.3 grains (Fe: 4 grains)
Copper Sulphate - - - 0.1 grain (Cu: 0.04 grain)
Extract of Liver as derived from 7 grams of fresh calves' liver

Supplemented by: Vitamin B₁ - - - - - 275 International Units
Riboflavin - - - - - 100 gamma
Nicotinic Acid - - - - - 5 mg.
Vitamin B₆, Filtrate and Haematopoietic Factors
are supplied in the liver extract content.



Available in 16 oz. bottles—literature and professional specimens on request.

AYERST, McKENNA & HARRISON LIMITED • Biological and Pharmaceutical Chemists • MONTREAL, CANADA



As Welcome as a Smiling Visitor

When a friendly, smiling visitor calls, it helps lift the patient's spirits. And the same is true of that welcome visitor, MUM. Patients appreciate the way it tackles disagreeable odors due to stale perspiration . . . to create a more pleasant atmosphere.

If the patient has been personally "air-conditioned"* with MUM, the odor of stale perspiration is quickly dispelled. This snow-white cream deodorant may be applied with no danger of irritation or staining. It will not interfere with normal activity of the sweat glands. Try MUM yourself for greater comfort.

Use MUM—for aching, burning, perspiring feet. It is also an excellent deodorant for sanitary napkins.

MUM - TAKES - THE - ODOR - OUT - OF - STALE - PERSPIRATION

*Personal "air-conditioning": the prevention of stale perspiration body odors which so often pervade the office or sick room.

BRISTOL-MYERS COMPANY

1241-00 RUE BENOIT

MONTREAL, CANADA

JUNE, 1941

375